**Korea University Development Fund Participation Application**

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| **[Donor Information]** | | | | | | | |
| **Name**  **(Organization)** | **(CEO: )** | | **Resident (Company)**  **Registration Number** | | |  | **Date of Birth:**  Month: Day: (Lunar □) |
| **Contact Info** | Address: | | | | | | |
| Phone (Home/Office): | | | | | E-mail: | |
| Cell Phone: | | | | Company Name. Department. Title: | | |
| **Application for donation deduction receipt** | | | | | □ Individual □ Individual Business □ Corporation | | |
| **Relationship with the University** | □ Alumni/Student (Major: ; Admission Year: ) □ Student Parent  □ Faculty □ Miscellaneous ( ) | | | | | | |
| **[Donation Covenant Information]** | | | | | | | |
| **Donation Amount** | □ **Cash KRW** | | | | | □ **in-kind KRW**  **※** **If the in-kind donation is a purchased product, please indicate the full purchase price, and if it is a product manufactured by you or your company, please indicate the cost of production.** | |
| **Payment Method** | □ Faculty and staff salary deduction  □ Deposit without Bankbook  □ \*Automatic Transfer (CMS) | | | | | Payment Period | □ Single Payment □ \*Installment Payment |
| **Payment Date** | (Expected) Date of Deposit Bank Name: | | | | | | |
| **\*** **If you have selected Cash Management Service (CMS) or installment payment as your payment method, please fill out the additional information below.** | | | | | | | |
| **[Donation Usage Information]** | | | | | | | |
| **Donation Usage** | □ Designate the use that you desire Korea University should make of your donation. | | | | | | |
| **Donation Usage** | Designate Usage | □ Scholarship | | When I (our company) designate(s) a specific student for the receipt of scholarship funding, or request a recommendation of specific scholarship students, I pledge that this will not be on the basis of any prior relationship with or interest in such students on the part of myself (our company), and that I (our company) will not violate related laws such as the 「The Improper Solicitation and Graft Act」. Agree □ | | | |
| □ Education □ Research □ Facilities (Construction and Equipment)  □ Miscellaneous ( ) | | | | | |
| **Donation Usage** | Beneficiary  Institution | Name of Beneficiary Institution: | | | | | |
| **Donation Usage** | ※ 10% of any donations to be used for fundraising, management, operation, costs, public relations, and strategic school business  projects (excluding scholarship funds). | | | | | | |
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| **Disclosure of Donation** | ※ The rewards to you of any donation become all the more worthwhile when it is made known. Please check the boxes below to specify the ways in which you do not want your donation to be made public.  □ Press Release (Distribution of press release and publication in general media outlets)  □ School News Outlets (□ KU Today □ The Korea University Alumni News □ KU News, College newspaper)  □ Websites (□ Korea University: korea.ac.kr □ The Office of Development & External Affairs: give.korea.ac.kr)  □ Donor Listing (KU Today/KU Website/Development Fund Annual Report Etc.) | | | | | | |
| I pledge to donate on the basis of the above stipulations in order to participate in the Korea University Development Fund.  Date:  **Donor Name (Signature: )** | | | | | | | |

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| **[Required Information]** | |
| **\*Automatic Transfer**  **(CMS)** | Bank Name: Account Number: Name of Account Holder:  The first 6 digits of the account holder's resident registration number (only if the name on the donor's resident registration is different from their widely used name):  \* The transfer is carried out on the 25th of every month, but in the case of non-payment because of a transfer error for example, a transfer should be made to the Korea Financial Telecommunications & Clearings Institute on an alternative date. |
| **\*Installment Payment** | Period (YY/MM/DD): ~ , (Monthly KRW x Times)  □ (For Korea University faculty) Monthly donation during period of employment |
| **Donation Management** | □ Principal-protected interest only (Minimum amount of 1 billion KRW)  □ Invest with principal |
| **Deposit Account Info** | **[Seoul] Hana Bank 33-1905-1905-1905 (Account Holder’s Name: Korea University)**  **[Sejong]** Hana Bank 670-910012-16305; Kookmin Bank 455801-04-030916 (Account Holder’s Name: Korea University Sejong Campus Public Relations Strategy Team)  **[KU Medicine / KU College of Medicine]** Hana Bank 576-910001-04104 (Account Holder’s Name: Korea University College of Medicine Medical Development Fund) |

**Development Dept. / Capital Planning Department of the Office of Development & External Affairs**

**Tel 02-3290-1244 ❙ Fax 02-953-2325 ❙ E-mail develop@korea.ac.kr ❙ Home http://give.korea.ac.kr**

▪Donations to the Development Fund are eligible for tax benefits.

▪ If you wish to donate other in-kind assets such as bequests and real estate, the relevant member of staff will comprehensively advise you on this.

**(Continued)**

**Korea University Sponsor Personal Information Processing**

Korea University processes personal information in accordance with Article 15 (Collection and Use of Personal Information) and Article 24-2 (Restriction on Management of Resident Registration Numbers) of the Personal Information Protection Act.

In addition, personal information is not processed for purposes other than those for which consent has been obtained, except as stipulated by law. The protection of the personal information of sponsors and donors and the handling of related complaints is overseen by our personal information management department, run by a senior designated member of staff.

**※ The donation agreement will be processed only when the applicant checks the consent box below.**

**￭ Consent to collection and use of personal information □ Agree**

**□ Disagree**

※ Potential donors may refuse to consent to the collection and use of personal information due to disagreement over the purpose of this process, and in such cases, donation receipts, which can be used by donors to access tax credits, may not be issued, and sponsor services may not be available to them.

※ The donor's resident registration number is processed in accordance with Article 113-1 of the Enforcement Decree of the Income Tax Act, Article 208-3 of the Enforcement Decree of the Income Tax Act, and Article 58 of the Enforcement Regulations of the Income Tax Act for the purpose of preparing the issuance specifications of donation receipts and of issuing donation receipts for year-end tax adjustment.

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| **The Purposes of Collection and Use of Personal Information** | Personal information is collected and used for the following purposes:  A. The issuance of donation receipts and the provision of sponsor services (implementation of courtesy programs, sending of newsletters, etc.)  B. The verification of donor identity and the notification of special services such as sponsor invitation events  C. The withdrawal of development funds (CMS etc.) |
| **Required Items of Personal Information** | Name, resident registration number, date of birth, address, phone number (home/workplace/cell phone), email address, relationship with the school, department in which donor studied and student number (if applicable), donation (agreement) amount, purpose of donation, payment period, payment method, agreement date, workplace, company department, position, bank account information when transferring CMS (account name, account number, first 6 digits of depositor resident registration number) |
| **Period of Storage and Use of Collected Personal Information** | Personal information is deleted upon request. In the absence of such a request, for the issuance of donation receipts, personal information and donation payment information are kept for a certain period set by the relevant laws and regulations. |

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| **Institute (trustee) entrusted with handling personal information** | The Korea Financial Telecommunications and Clearings Institute (KFTC) |
| **Personal information handling processes** | Implementation of donation processes such as withdrawal and management of donations |

I agree to Korea University's Personal Information Privacy Policy.

Date:

**Donor (Signature: )**