

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

(Full name of Investor)

Date of Birth: _____

File number: B_____

Visa Officer: _____

I authorize and provide consent for disclosure and/or release of personal information regarding my investor application to the following authorized Immigrant Investor Program Facilitator to assist with the processing of my application.

Facilitator : Korea Exchange Bank of Canada

Madison Centre, Suite 1101, 4950 Yonge Street
Toronto, Ontario M2N 6K1
Tel : 416-222-5200 ext.255 Fax : 416-222-8180

(Signature of Investor)

(Date)

(Signature of Witness)

(Date)