

MEMBERSHIP APPLICATION FOR REMITTANCE

←FAX 03 - 5338 - 8689

Date	/ / (yyyy/mm/dd)	Member ID	M
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1. Important for identification. Please specify the same spelling with your identification card.

Customer	Name	(Kana)		Nationality	Occupation		
				Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
				Date of Birth	/ / (yyyy/mm/dd)		
	Address	〒 - -		Prefecture		City	
		(For confirmation of the number based on the law of foreign remittances.)					
Tel. Number	- -		E-Mail	@			
Source of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Allowance <input type="checkbox"/> Income From Business <input type="checkbox"/> Others (Please Specify) _____						

2. Your bank account (in case of refund due to cancellation, please write down your bank details.)

Bank		Branch		Account No.	
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3. Recipient's information (You can register up to 5.)

Receiver [1]	Name	(Kana)		Purpose of Money Transfer (Multiple check possible) <input type="checkbox"/> Living Expenses <input type="checkbox"/> Educational or Medical Expenses <input type="checkbox"/> Monthly Rent <input type="checkbox"/> Insurance (<input type="checkbox"/> Life Insurance <input type="checkbox"/> Indemnity Insurance) <input type="checkbox"/> Savings <input type="checkbox"/> Redemption (<input type="checkbox"/> Over 1 Year <input type="checkbox"/> Within 1 Year) <input type="checkbox"/> Product Purchase <input type="checkbox"/> Others		
	Address					
	Phone Number	- -		Date of Birth	/ / (yyyy/mm/dd)	
	Payment Outlet (choose 1 only)	CEBUANA	MLHUILLIER	Bank Name / Account No.	Relationship	
	PALAWAN	BPI PICK-UP				
Receiver [2]	Name	(Kana)		Purpose of Money Transfer (Multiple check possible) <input type="checkbox"/> Living Expenses <input type="checkbox"/> Educational or Medical Expenses <input type="checkbox"/> Monthly Rent <input type="checkbox"/> Insurance (<input type="checkbox"/> Life Insurance <input type="checkbox"/> Indemnity Insurance) <input type="checkbox"/> Savings <input type="checkbox"/> Redemption (<input type="checkbox"/> Over 1 Year <input type="checkbox"/> Within 1 Year) <input type="checkbox"/> Product Purchase <input type="checkbox"/> Others		
	Address					
	Phone Number	- -		Date of Birth	/ / (yyyy/mm/dd)	
	Payment Outlet (choose 1 only)	CEBUANA	MLHUILLIER	Bank Name / Account No.	Relationship	
	PALAWAN	BPI PICK-UP				

1. I hereby agree to Terms and Conditions and the important matters for international money transfer service, and pledge that this money transfer is not applicable to Article 17 (Exclusion of Antisocial Forces) of the Terms and Conditions of International Money Transfer Service.
2. I notify the above in accordance with the provisions of Article 3 of the "International Money Transfer Report Submission Act for Promoting the Securement of Proper Taxation of Internal Tax".
3. I hereby confirm that this money transfer is not contradictory to the regulations related to Iran and North Korea defined in the "Foreign Exchange and Foreign Trade Law".
4. Remitter and recipient does not apply to "such important public figures in foreign government (PEPs)". *PEPs: Politically Exposed Person

Please check the above information and sign if you agree.

Date: / /	Signature: _____
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For Our Use Only

Confirmation of Receipt					
<input type="checkbox"/> Verification of My Number <input type="checkbox"/> Destruction of My Number documents (in the case of non-face-to-face transactions)					
Remarks					



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