

Please fill the blanks and send facsimile to Kiwi-W consortium (FAX : 81-3-3264-8026)

Kiwi-W consortium application form for admission

Our company agrees to the outline of the Kiwi-W consortium, and applies for the admission.

1. Name of the company:

2. Representative

Name (Write in block letters.):

Signature:

Department:

Official position name:

Address:

3. Person in charge

Name(Write in block letters):

Signature:

Department:

Official position name:

Address:

Telephone:

FAX :

E-mail :

4 . Method of paying fee (Please circle one)

Batch Division

5 . Fee payment currency (Please circle one)

Yen Dollar