

Please fill the blanks and send to Kiwi-W consortium

## Kiwi-W consortium application form for admission

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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