

## OK Remit International Money Transfer Service Membership Registration Form

English Form

Please complete the form using only CAPITAL LETTERS.  Applicant Information (Sender)																											
								A	pplica	ant Ini	forma	tion (S	sende	r)													
Last Name																											
Middle Name  First Name																											
First Name	Lact	Name					Firet	Nam									Male					Fem	مام				
Japanese Name Kana	Last	Ivaiiic			First Name						Gend	ler			Маге					Female							
	Last		First Name										Year				Month										
Japanese Name Kanji (If <sub>applicable)</sub>													Date of Birth								/			/			
Nationality																											
	Post	al Co	de							City/	/Regio	on							Prefecture								
Mailing Address	Area	Area, Building Name, Room Number																									
Mobile Number																											
Email Address																											
Occupation		е	□Part-Time						□Housewife							□Co	ontra	ct/Dis	/Dispatch								
				□Se	lf-Emp	oloye	Public Officer						□Student						□Others: (						)		
MyNumber		Source of Fun												ınds													
ID Number	Pleas				f the Id										Pleas	se inp	ut the	e sele	cted	Ident	ificati	on Ca	ard nu	ımber	below	1.	
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Beneficiary Information 1 (Receiver)																											
Last Name																											
Middle Name																											
First Name																											
Gender	Male			]			Female						Date of Birth								/	Mon	th	/	Day		
Nationality																			′			′					
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Mailing Address		Room Number, Building Name, Area City/Pref./Post Code Country																									
Purpose of Remittance			□Liv	/ing E	xpense	es	□Ес	ducat	ional	Exper	nses		ledica	al Exp	ense	s [	□Othe	er:(						)			
Bank Name													Brand	ch Na	ame												
Account Number																											
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	□8:00-12:00 □12:00-14:00 □14:00-16:00 □16:00-18:00 □18:																										
	□ Monday             □ Tuesday             □ Wendesday             □ Thursday             □ Friday             □ Saturday             □ Sunday    Please choose the second most ideal time for you to receive delivery.																										
	8:00-12:00																										
	□Monday □Tuesday □Wendesday □Thursday □Friday □Saturday □Sunday																										
						0	K Re	mit A	gent	Only.	Pleas	e leav	e this	s area	a blan	ık.											
OK Remit Agent Name																											
OK Pamit Agant Signature												Doto															



OK Remit Agent Signature

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English Form

Please complete the form	using	g only	/ CAPI	TAL	LET	TERS			<i>c</i>				<b>/</b> D												P	age.2
Last Name								Ber	neticia	ary Int	orma	tion 2	(Red	ceiver,	)											
Middle Name																										
First Name																										
	Male	;					Fem	ale									Year					Mont	th		Day	
Gender									☐ Date of Bi						Sirth					/			/			
Nationality																										
Relationship			□Par	ent		Spous	se [	□Chi	ld	□Sibl	ling	□F	Relati	ve	□Se			ther:						)		
Mailing Address	Room Number, Building Name, Area C													City	/Pref	./Pos	t Cod	е	Country							
Purpose of Remittance		□Living Expenses □Educational Expenses □Medical Expenses □Other:( )																								
Bank Name		Bank Branch																								
Account Number																										
								Ber	neficia	ry Inf	orma	tion 3	(Red	ceiver)	)											
Last Name																										
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First Name																										
Gender	Male			Fem	Female Date of B							Birth	Year					/	Mont	th	/	Day				
Nationality													'										<u>'</u>			
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Mailing Address	Roor	n Nu	ımber,	Build	lding Name, Area							City/Pref			./Pos	t Coo	е			Country						
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Bank Name				viiig i				uuca	Cionai	Ехро	11303							.(								
Account Number	Branch Name																									
Account Number	Form of Consent																									
By signing the Form of Conse  I have completely read and I am not a member of any o I am not part of or associat I will not be invovled in any I shall not conduct internati controlled or operating within I shall not, in accordance to Japanese government, or any I shall not, in accordance to Somalia, Libya, Democratic Re I shall not send any internat Mass Destruction, drugs, inter I am not a Politically Expose I am registering for myself, All information or document All information or document If I am a foreign alien with leg My Alien Registration Card/	fully uriminal ed with type or onal method of AC epublicational netrons ations at resident at the second of the se	unders I group n any oney corrid ATF, s valid C and c of th money nal org son (F ot an I have dency	stand the ps or are criminal dulent a transfe dors sha send an Sanctic other variation of the Congar transfe (PEP).  agent of the provide provide provide in Japa	ne OK nti-so I grou activit r to N all be l ay inte on List alid sa or, Rus ers to crime r repr ded to ded to an, I h	cial ff pps or cies o dorth block ernatits. aanctic any s, or cesen o OK o OK ereby	orces. r anti-s r trans. Korea a ked. Thi ional mo ons list Venezu person any An attative of Remit a y declai	cocial for actions and Irar is also in coney trans, send uela, Lela, organi inti-Sociof any coare corrare validate.	rces.  in in accomplished any interest any interest and interest and interest.  If and interest and interest and interest and interest and interest and interest.	ccordances anyoners to conternance, and In, or corress.	nce to one co ountrie tional i Dandor ountry ual.	interronnect es, cor money ng City where	nationa ted to to poration transf y (Chin the tr	I laws he co ons, and Fers to a). ansfe	. I undermpany nd other or Crime furthis ap	erstand who h er orga ea, Cul nds mi	as a renization	egister ns tha n, Iraq,	ed add t are d	dress i classifi Korea	in a hig ied as a, Suda ear act	gh risk High R an, Syri	countrisk and	ry. d∕ or ii ıbabwe	nclude , Belar	d in th	ne UN, emen,
							OK Re	emit A	Agent	Only.	. Plea	ise lea	ive th	nis are	ea blai	nk.										
OK Remit Agent Name																										

Date