



OK Remit International Money Transfer Service Membership Registration Form

English Form

Please complete the form using only CAPITAL LETTERS.

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Applicant Information (Sender)

Last Name													
Middle Name													
First Name													
Japanese Name Kana		Last Name		First Name		Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>			
Japanese Name Kanji (If applicable)		Last Name		First Name		Date of Birth		Year		Month / Day			
Nationality													
Mailing Address													
Postal Code			City/Region				Prefecture			Area, Building Name, Room Number			
Mobile Number													
Email Address										<input type="checkbox"/> PC <input type="checkbox"/> Mobile			
Occupation										<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Housewife <input type="checkbox"/> Contract/Dispatch <input type="checkbox"/> Self-Employe <input type="checkbox"/> Public Officer <input type="checkbox"/> Student <input type="checkbox"/> Others: ()			
MyNumber					Source of Funds								
ID Number										Please choose one of the Identification Cards below		Please input the selected Identification Card number below.	
										<input type="checkbox"/> Resident Card <input type="checkbox"/> My Number Card <input type="checkbox"/> Driver License			

Beneficiary Information 1 (Receiver)

Last Name															
Middle Name															
First Name															
Gender		Male <input type="checkbox"/>		Female <input type="checkbox"/>		Date of Birth		Year		Month / Day					
Nationality															
Relationship										<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Self <input type="checkbox"/> Other: ()					
Mailing Address										Room Number, Building Name, Area		City/Pref./Post Code		Country	
Purpose of Remittance										<input type="checkbox"/> Living Expenses <input type="checkbox"/> Educational Expenses <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Other:()					
Bank Name					Branch Name										
Account Number															

OK Remit Card Delivery Time

Please choose the most ideal time for you to receive delivery.

- 8:00-12:00 12:00-14:00 14:00-16:00 16:00-18:00 18:00-20:00 19:00-21:00
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please choose the second most ideal time for you to receive delivery.

- 8:00-12:00 12:00-14:00 14:00-16:00 16:00-18:00 18:00-20:00 19:00-21:00
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

OK Remit Agent Only. Please leave this area blank.

OK Remit Agent Name									
OK Remit Agent Signature					Date				

