



To: Mr. Nobuhiro Horisaki
Chairperson of PHS MoU Group
Fax. +81-3-3592-1103

Date: _____

APPLICATION FOR MEMBERSHIP OF PHS MoU GROUP

| | |
|--|---------|
| Company Name | |
| URL | http:// |
| Address | |
| Contact Person | |
| Title/Dept. | |
| Tel. No. | |
| Fax. No. | |
| E-mail Address | |
| Status of Membership <input type="checkbox"/> Signatory Member : We apply for the membership of _____unit(s). (Note) One unit for ¥300,000.- annually and maximum three units for one member. <input type="checkbox"/> Telecommunication authorities or public organization | |