

PASSWORD RESET APPLICATION FORM

Date of application: _____

【Member Information】

Membership Number	
Company	

Name	
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Address	〒 _____

Day-time contact number	_____
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Contact type: 1. Work 2. Home 3. Mobile 4. Other (Please choose one)

Please check the applicable service

WELBOX · cafeteria plan · SMACAFE

incentive

Notification

HOW TO FILL IN A FORM

- Please fill in all blank of the form.
 - We will send your temporary password by mail. Please write your correct address.
 - 「Membership Number」 starts from 4 letters code. Please write all number. e.g) 1000-123456, 1000-123456-002
 - If we would like to ask you something, we will call you. Please write your Day-time contact number.
- Please note that if we are unable to contact you for a few days, we may have to return the documents.
Thank you for your understanding.

HOW TO SEND

- Please send to the following “WELBOX Center Address”.
- (Shipping costs will be carried by the WELBOX members. Email or fax cannot be accepted.)

ABOUT TEMPORARY PASSWORD

- “Your temporary password” will be sent to your delivery address in about a week after we receive the lost and found form.

Shipping style: regular post delivery

Please understand that we cannot change the shipping style or guarantee on the arrival date.

WELBOX Center Address

〒683-0004

Tottori-ken, Yonago-shi, Kamifukubara 1383-4

「EWEL WELBOX Center temporary password reception desk」