


PASSWORD RESET APPLICATION FORM

Date of application: _____

【Member Information】

Membership Number	— —
Company	

Date of birth	Day	Month	Year
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Name			
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Address	〒 —
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Day-time contact number	Contact type: 1. Work 2. Home 3. Mobile 4. Other (Please choose one)
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Notification

●HOW TO FILL IN A FORM

- Please write this form by hand-writing and write your signature.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.

●HOW TO SEND

- Please send to WELBOX Center. ※Postage is paid by yourself.
- We can accept this form by mail only.

●ABOUT TEMPORARY PASSWORD

- We can only send your temporary password to a domestic address.**
- We're sorry, but we cannot ship and call that overseas.**
- We will send your temporary password by surface mail.(Domestic only)
 - ※We will mail that in one week after we receive it.
 - ※We cannot change shipment method, also delivery dates cannot be specified.

●ABOUT LOG IN

- When you receive your temporary password, please try to log in as soon as possible.
- It has an expiration date.When it past the expire date, you cannot log in.

WELBOX Center Address

〒683-0004

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

「EWEL WELBOX Center temporary password reception desk」