

PASSWORD RESET APPLICATION FORM

Date of application: _____

【Member Information】

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

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」