

## CONFIRMATION SHEET of ADDRESSEE

Following are contact persons for this application. (Tick off the appropriate box with a cross.)

1. Reference from JET ;
 

<input type="checkbox"/> Responsible person for the application	<input type="checkbox"/> Reference No. 1 below
<input type="checkbox"/> Reference No. 2 below	
  
2. Addressee of Conformity Assessment Statement and Test Report ;
 

<input type="checkbox"/> Responsible person for the application	<input type="checkbox"/> Reference No. 1 below
<input type="checkbox"/> Reference No. 2 below	
  
3. Addressee of bill for testing fee and others ;
 

<input type="checkbox"/> Responsible person for the application	<input type="checkbox"/> Reference No. 1 below
<input type="checkbox"/> Reference No. 2 below	

(You are requested to attach the note of an addressee, if the addressee is different from the name of an applicant.)
  
4. Return of tested sample(s) ;
 

<input type="checkbox"/> In the case of delivery charge collect (Tick off the appropriate box with a cross.)	
<input type="checkbox"/> Responsible person for the application	<input type="checkbox"/> Reference No. 1 below
<input type="checkbox"/> Reference No. 2 below	
<input type="checkbox"/> The applicant receives tested sample(s).	
<input type="checkbox"/> The applicant requires JET to destroy tested sample(s) at JET ( However it is limited to small sized sample(s). The applicant is obliged to bear expenses for destruction of tested sample(s). )	

Where to make contact :

Reference No. 1

Name of company:

Address:

Name of person in charge:

Title:

Tel :

Fax :

E-mail :

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Name of company:

Address:

Name of person in charge:

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Tel :

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