

To:SAFIA LICENSE GORUP

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NOTICE

Please write in BLOCK CAPITALS in ink.

Date		
Category	1)Evaluator 3)Adopter (StorageDevice)	2)Reseller 4)Adopter (TV Recording) ※Please check the number.
Company		
Contact Person		
	Contact Name	Mr./Ms./()
	Position	
	Department/Group	
	Mailing	
	Address	
	Phone	Fax
	E-mail	
Company website	English http://	Japanese http://
	*This will be added to the list of members on our website.	