



シンガポール日本人会
The Japanese Association,
Singapore

TO : **The Secretary General**
The Japanese Association, Singapore

MEMBERSHIP NO. :

DATE : _____

REGISTERED NAME : _____

正会員姓名 名 (ローマ字) 姓 (ローマ字)

A. NOTICE OF CHANGE OF ADDRESS & TELEPHONE NO. / INSTALLATION OF NEW TELEPHONE 住所 / 電話番号変更届

Please put a tick (✓) in the box where you need to change / add.
該当する()に ✓ を付けてください。

New Residential Address Telephone Fax

New Address	Telephone No./ Mobile No.	Fax No.
Postal Code()		

B. NOTICE OF CHANGE OF MAILING ADDRESS 郵便物送付先変更届

Please put a tick (✓) to your preferences. 該当する()に ✓ を付けてください。

Types of Correspondences	TO	
	Residence	Office
The Southern Cross (南十字星) / OTHERS	() or ()	() or ()
STATEMENT OF ACCOUNT	() or ()	() or ()

With Effect From: _____

Member's Signature: _____

正会員署名

For Official Use Only

Date Entry	Remarks	Date Received
Date: _____	DL form	