

The Director General of the National Diet Library
 1-10-1 Nagata-cho, Chiyoda-ku, Tokyo
 100-8924 JAPAN

Application for User Registration for the Data Transmission Service for Persons with Print Disabilities

I hereby apply to register as a user of the Data Transmission Service for Persons with Print Disabilities of the National Diet Library.

Date of application: _____

Please fill in the following information.

Name (Roman alphabet)	
Date of birth (day/month/year)	
Address	
Country	* If outside Japan.
Reason for application	*Please provide a description of your disability that affects reading.
E-mail address	
TEL	*Include country code if outside Japan.
FAX	*Fill in if you prefer to be contacted by FAX. Include country code if outside Japan.

(For internal use only. Please do not write below this line)

国立国会図書館使用欄 (郵・東・西・子)		受理番号 : 年	
受理年月日		証明書類 (本人確認)	
承認年月日		証明書類 (障害確認)	