PASSWORD RESET APPLICATION FORM

Date of application: _____

【Member Information】

Membership Number	
Company	

Name	

Address	〒

Day-time contact number	— — Contact type: 1. Work 2. Home 3. Mobile 4. Other (Please choose one)

Please check the applicable service

□ WELBOX・cafeteria plan・SMACAFE □ incentive

Notification

●HOW TO FILL IN A FORM

・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.
Please note that if we are unable to contact you for a few days, we may have to return the documents.
Thank you for your understanding.

●HOW TO SEND

・Please send to the following “WELBOX Center Address”.

(Shipping costs will be carried by the WELBOX members. Email or fax cannot be accepted.)

●ABOUT TEMPORARY PASSWORD

・“Your temporay password” will be sent to your delivery address in about a week after
we receive the lost and found form.

※Shipping style: regular post delivery

※Please understand that we cannot change the shipping style or guarantee on the arrival date.

WELBOX Center Address

〒683-0004
Tottori-ken,Yonago-shi, Kamifukubara 1383-4
「EWEL WELBOX Center temporary password reception desk」