# Electronic Navigational Chart(ENC)Application form 【renewal】

I agree with following usage regulation and apply for use of Electronic Notice to Mariners as below.

【Electronic Navigational Chart usage regulation】　　Date of application:　　/　　/

| | |
|---|---|
| Company name | |
| Applicant name | |
| Applicant address | 〒 |
| Applicant contact detail | Phone:　　Fax: |
| Applicant email address | |
| License ID | |
| Vessel Name | |
| Change ENC contract | Yes （As attached "Cell selection sheet"）　／　No |
| Contract period | |
| Necessity of quotation | Necessary　／　Not |
| Payment method | Bank Transfer(Advande Payment) / Payment on Delivery / Bill Payment |
| ENC product delivery adress | 〒　　Phone: |
| Billing address | 〒<br>＊If the billing address differ from the delivery adress of the product, please fill in. |
| Billing name | ＊If the applicant is different, please fill in. |
| Electronic Notice to Mariners CD Annual contract **(charged)** | Monthly　Weekly　／　Unnecessary |
| | 〒　　Phone: |
| | |
| Message to distributor | |

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**＜person who fills out a form＞** Please fill in the applicant field who is actually using ENC. If the applicant (user) and the person who fills out a form are different companys, please fill in the following fields and be sure to pass the application form copy to the applicant.

| | |
|---|---|
| Name/company name of the person who wrote | Company name:　　Name: |
| Contact detail of the person who wrote | Phone:　　Fax: |
| | email address: |

## ＊＊＊＊＊ Contact information ＊＊＊＊＊

Distributor name : _____

Address : _____

Phone : _____　Fax : _____

email address : _____　URL : _____

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