

**Applicant must be 18 years of age or above.****Please print clearly in English, or check in the appropriate boxes. ☒****( 1 ) Consent [ Required ]**If you read and agree to the following, Please check the boxes. The application will not be accepted without your agreement. ☒

I have read and understood the 「Western Union® Money Transfer Terms and Conditions」, 「Important Matters regarding the Registration of CVS Western Union® Money Transfer Services」 and the following 【Fraud Awareness】.

I declare that I am not a member of any anti-social forces, and I declare that I will not transfer money to perpetuate any fraudulent activities. I declare that I will not transfer money to Iran, North Korea, or any other destinations or individuals on government sanction list.

I declare that all information I have provided here is true and correct. I have confirmed that the enclosed identification documents are valid and are not expired.

**【 Fraud Awareness 】**

Protect Yourself from Fraud

Only use Western Union to send money to friends and family. Never send money to someone you have not met in person.

Scammers sometimes encourage people to transfer money. Do not transfer money to anyone who asks you to send them money:

- For an emergency situation you haven't confirmed.
- For an online purchase.
- For anti-virus protection.
- For a deposit or payment on a rental property.
- To claim lottery or prize winnings.
- To pay taxes.
- For a donation to charity.
- For a mystery shopping assignment.
- For a job opportunity.
- For a credit card or loan fee.
- To resolve an immigration matter.

If you transfer money, the person you're sending it to gets the money quickly. After the money is paid, Western Union may not be able to give you a refund, even if you are the victim of fraud, except under limited circumstances.

If you believe that you are the victim of fraud, call the Western Union Fraud Hotline at 0120961623 or visit <https://www.westernunion.com/JP/en/fraud-awareness.html>

**( 2 ) Applicant's Signature [ Required ]**

2		3	Submission date	Day	Month	Year
				/	/	

**( 3 ) Applicant ( Sender ) Information [ Required ]**

<b>Your Name</b>						
4	First Name					
	Middle Name					
	Last Name/ Family Name					
5	Gender		ZIP Code		Country of Birth	
	<input type="checkbox"/> Male <input type="checkbox"/> Female					
8	Source of Funds	<input type="checkbox"/> Wage/Salary(Self-Employed, spouse's salary) <input type="checkbox"/> Other(Please specify.) e.g.(pension, savings)				
9	Phone Number	Please omit the hyphen. (—) (Required Entry)				
10	Occupation	<input type="checkbox"/> Company Employee <input type="checkbox"/> Contract Worker <input type="checkbox"/> Trainee <input type="checkbox"/> Self-Employed <input type="checkbox"/> Part-Timer <input type="checkbox"/> Housewife/Househusband <input type="checkbox"/> Other (please specify.)				
11	Service User Guide Language ( Select one )	<input type="checkbox"/> English <input type="checkbox"/> Tagalog <input type="checkbox"/> Japanese <input type="checkbox"/> Español <input type="checkbox"/> Português <input type="checkbox"/> ภาษาไทย(Thai) <input type="checkbox"/> Bahasa Indonesia <input type="checkbox"/> Tiếng Việt(Vietnamese) <input type="checkbox"/> Chinese(簡体字)				
12	Your E-mail Address ( optional )					

※Please note that there may be situations wherein our company will be sending our customers SMS (SHORT MESSAGE SERVICE) or E-mail.

**( 4 ) Receiver Information 【 Required 】**

13	First Name																								
	Middle Name																								
	Last Name/ Family Name																								
	Destination Country													If USA or Mexico	State										
	Relationship to you	<input type="checkbox"/> Myself/Family <input type="checkbox"/> Friend <input type="checkbox"/> Business partner <input type="checkbox"/> Other (Please specify)																							
	Receiver's Residence	Country												State・City											

**( 5 ) Additional Receivers 【Optional】**

To add more receivers, photocopy this form and enclose. You can register up to a maximum of ten receivers.

14	First Name																								
	Middle Name																								
	Last Name/ Family Name																								
	Destination Country													If USA or Mexico	State										
	Relationship to you	<input type="checkbox"/> Myself/Family <input type="checkbox"/> Friend <input type="checkbox"/> Business partner <input type="checkbox"/> Other (Please specify)																							
	Receiver's Residence	Country												State・City											

15	First Name																								
	Middle Name																								
	Last Name/ Family Name																								
	Destination Country													If USA or Mexico	State										
	Relationship to you	<input type="checkbox"/> Myself/Family <input type="checkbox"/> Friend <input type="checkbox"/> Business partner <input type="checkbox"/> Other (Please specify)																							
	Receiver's Residence	Country												State・City											

16	First Name																								
	Middle Name																								
	Last Name/ Family Name																								
	Destination Country													If USA or Mexico	State										
	Relationship to you	<input type="checkbox"/> Myself/Family <input type="checkbox"/> Friend <input type="checkbox"/> Business partner <input type="checkbox"/> Other (Please specify)																							
	Receiver's Residence	Country												State・City											

【Agent use only 代理店使用欄】

検 印	承 認	チェック	受 付
/ /	/ /	/ /	/ /

営業担当者 / AGENT (CODE : )
/ /

備 考