CCM-03-A Form 12

Request for Changing Record / Withdrawal of Application Form
for Approval of Evaluation Facility

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_

To Commissioner SAITO Yutaka

Information-technology Promotion Agency, Japan

Name of the Applicant :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person responsible for the application :

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Signature*)

Title/Department :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The applicant hereby submits notification as follows in item 1 below, for the reason stated in item 2 with respect to the application for approval of the Evaluation Facility stated above.

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| 1. Type of Notification and Application Details |
| Type of Notification(Select either one) | ( ) Request to change records( ) Withdrawal notification |
| Name of the Evaluation Facility(Fill in the approval number if the Evaluation Facility has been approved) | (ITEF\_\_\_\_\_\_\_\_\_) |
| Reception Date of Application | Date: / /  |
| Reception Number |  |
| 2. Reason for Change or Withdrawal (If a change, fill in the details of the change.) |