

PAYMENT REQUEST FORM

WIRING INFORMATION INSTRUCTIONS (PLEASE COMPLETE THE FOLLOWING IN BOTH JAPANESE AND IN ROMAN CHARACTERS.) If you are providing payment information on behalf of the Preliminary Claimant named at the top of the accompanying letter, you must also provide documentation of your authority to do so.

投資家の名前 (Name of Investor)	
住所 (Address)	
電話番号 (Telephone Number)	
Eメールアドレス (Email Address)	
送金先 (Wiring information for claims distribution)	口座名 : (Name on Account): 銀行名 : (Name of Bank): スワフトコード: (SWIFT CODE): 支店名 : (Name of Branch): 支店番号 : (Branch Number): 支店住所 : (Branch Address): 口座種別 / 番号 : (Account Type / Account Number):

Claimant ID: **4 3 0 6 2** _____

Your Signature

_____/_____/_____
Date (mm/dd/yyyy)