



APPROVAL/RESERVATION FORM

1-2-1 Koenji-Minami, Suginami-ku, Tokyo 166-0003 Tel: +81-3-5378-1506 Fax: +81-3-5378-1507

APPLICATION NUMBER

To

Mr.

Candidate Organization's Name

Complete Address

Telephone/Fax

Email

Subject : Approval for the enclosed Membership Application

Dear Mr.

This is with reference to the ANQ Membership Application number _____ (ANQ/MEM/01 Enclosed)

You are requested to kindly go through the application and provide us with the following information: -

I hereby approve the Candidate Organization as ANQ Member. Yes No

Comments:

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Please send the form to the ANQ Secretariat before _____

Thanking you,

Yours sincerely,

For Asian Network of Quality