

MAIL TO: enquiry@jaibs.jp
FAX TO: +81-3-5684-8612

The Japanese Association of Indian and Buddhist Studies
Bunkyo-ku, Hongō 3-33-5, Hongō BLDG. 2nd Floor, Tokyo 113-0033 JAPAN
Tel./Fax.: 03-5684-8612

PAYMENT APPLICATION for Credit Card

TITLE: Prof. Dr. Mr. MS.

NAME: _____
Given name Family name Middle Initial

MAILING ADDRESS: Street - City - Postal Code - Country

E-MAIL: _____

PAYMENT BY CREDIT CARD

I agree to pay JPY _____ by credit card (VISA Master Card)

CARD NUMBER: _____

EXPIRATION DATE (MONTH/ YEAR): _____ / _____

NAME OF CARD HOLDER: _____

AUTHORIZED SIGNATURE : _____

NOTE: ALL PAYMENT MUST BE MADE IN JAPANESE YEN.