

**SAMPLE**

# OVERSEAS REMITTANCE APPLICATION REGISTRATION AND DECLARATION

外国送金登録・取引依頼書兼告知書

PIN :  
(登録番号)

**BANK USE**

for existing Remitter only

**New Registration (新規登録)**  **Additional Beneficiary (追加登録)**  **Amendment (登録変更)** Please specify (具体的に)

Remitter (送金依頼人)

[ Please fill out using BLOCK CAPITAL LETTERS ] [必ずローマ字でご記入ください]

① Name (氏名) **DELA CRUZ** **JUAN** **RAMOS** ③ Gender (性別)  Male (男性)  Female (女性)

Last Name (姓) First Name (名) Middle Name

② Address (ご住所) 〒 **541-0052 Osaka-shi Chuo-ku Azuchi-machi 2-3-13** ④ Birthday (生年月日) **1974/07/23**

⑤ Mobile No. (携帯番号) **090-1234-0000** ⑥ E-mail (Eメール) **abc123 @ xxx.co.jp** ⑦ facebook Account

⑧ Occupation (ご職業/業種) / Company name (勤務先) / Company Address (勤務先住所) (For Marketing Promo and Inquiries only)  
**Trainee / OXO FOODS Co., Ltd. / 〒 541-0053 Osaka-shi Chuo-ku Honmachi 4-2-5**

Please specify job designation. ( ex. Company Staff, Company Director, Self Employed, Housewife, etc. )  
(職業: 会社員、会社役員、自営業、主婦等具体的に記入をお願いします。)

⑨ Office Tel. No. (勤務先電話番号) **06-6252-0000** ⑩ Source of Funds (送金原資) **Salary** ⑪ Nationality (国籍) **FILIPINO**

⑫ Type of ID (本人確認書類の種類) **Residence Card** For new registration, please use "ID SUBMISSION FORM". ⑬ Expiry Date (有効期限) **2020/12/31**

Beneficiary (受取人)

Please choose **only one from a-c** for payment instruction. If you wish to register more than one payment instruction, please fill up an application for each instruction.

⑭ Name (氏名/会社名) **DELA CRUZ** **MARIA** **REYES** (Phone No. in Philippines)

Last Name First Name Middle Name

⑮ Address in the Philippines (ご住所) **Sen. Gil J. Puvat Avenue, Makati City, 1200 Philippines**

⑯ Payment instruction (支払方法) Claim from over 8,000 Cash Pick-up locations anywhere in the Philippines/If you choose this service, ⑥ or ⑬ (Cellphone number in Philippines) is necessary.

a.  Account with Metrobank (口座へ入金)

b.  Cash Pick-Up Anywhere service (現金受け取りサービス) Credit to Other Bank in the Philippines / Please fill up bank name, branch name, currency type of account and account number.

c.  Account with \_\_\_\_\_ Bank \_\_\_\_\_ (口座へ入金)

It may take at least 2 or more banking days. (入金までに2日以上かかります。送金先の口座の通貨を必ずご指定下さい。)

⑰ Relation with Beneficiary  Family (家族)  Friend (友人)  Others (その他)

(受取人との関係)

⑱ Purpose of Remittance  Family Support / Living Expenses (生活費サポート)  Personal Savings (自己貯蓄金)  Others (その他)

(送金目的)

⑳ Service selection (Remittance via JP Bank (Post Office ATM) ①) (お取引に適用可能なサービスの選択)

I declare that I have read, understand and agree to the specific Terms and Conditions governing my selected service/s as documented by my signature below. (私は、選択したサービスの利用規定の内容を理解し、同意したことを確認いたします。)

EPRC (ゆうちょ送金カードサービス)

Please check one: (振込先の銀行を選択して下さい。)

METS (メトロかんたん送金サービス)  MUFU (三菱UFJ銀行) /  SMBC (三井住友銀行) /  Resona (りそな銀行)

QUICK PADALA (メトロバンク・クイック送金サービス)

Available only for Cash Pick-Up Anywhere Service / Please ensure to fill out the applicable SMBC forms to apply for the SMBC Cash Card to be used for this Service. (支払い方法が現金受け取りサービスの場合のみ選択いただけます。三井住友銀行所定の振込入金専用カード申込書も一緒にご提出下さい。)

**Apply for E-Statement (Eステートメントの申し込み)** Please ensure to register your ⑬ email address. (必ず⑬にEメールアドレスをご記入下さい。)

By signing below, I understand and agree to the "Terms and Conditions for Overseas Remittance" of Metrobank-Japan as stated at the back of this form, giving full consent to processing of my remittance via Cross Border Payment and I hereby declare that I have no relation to any Anti-Social Forces or engaged in any illegal activities. (私は、本依頼書の裏面に記載されているメトロボリタン銀行の「外国送金規定」の内容に同意し、「内国税の適正な課税の確保を図るための国外送金等に係る調査の提出等に関する法律」第3条の規定に従い、本告知書に規定された必要事項を記入し、本告知書に署名し、本告知書に署名した本人が、北朝鮮、イランの核開発等の支払制限に関与する活動等の資金使途規制に関連した取引ではありません。私は、反社会的勢力とは関わりがありません。また、如何なる犯罪とも関わりがありません。)

If you request to receive remittance receipt via E-mail, Please check here, and also fill up your valid E-mail address on ⑬.

Your Signature and Date

⑳ Signature / Seal (署名もしくは捺印) DATE: (Today's Date)

**DELA CRUZ, JUAN RAMOS**



For Bank's use only (e.d. October 2020) (取引時確認記録票)

Date:	SDN	NK/NI	<b>BANK USE</b>	Checked by	Approved by
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Acceptance Date	By	Card / AC No.	Account No.	By	Date	Checked by	Approved by	Remarks

**BANK USE**