

## <Application for JMB Crystal Status>

\* Please sign and enclose this form before submitting your application.

- Applications before childbirth will not be accepted.
- Members who have JMB Crystal, JMB Sapphire, JGC Premier or JMB Diamond at the time of childbirth but do not have the status at the time of application are eligible for this service. Please note that application for this service from ineligible members will not be accepted. For more information about the eligibility, please visit: <http://jal.co.jp/en/jmb/lifestyle/>
- JMB Crystal status will be offered up to 2 members per child (Both applicants must have the FLY ON status at the time of childbirth.). Basically, the applicants should be parents (father/mother). However, adaptive parent(s)/rear(s) of a child and guardian(s) of a minor are also eligible. Each applicant must download, complete and send his/her application form.
- Members may be asked to submit documents to prove family relationship between the member and child (birth certificate, copy of maternity health record book, family register, Resident's card etc.). Information provided by the member will be used only for the purpose of confirming the relationship between the member and child and will be destroyed after confirmation.
- JMB Crystal cards will be sent to customers who request it around 2 to 3 weeks after receiving the completed application. Depending on postal services and destination, it may take more than 2 months until the cards are delivered to members in outside of Japan. JMB Crystal card and JMB Airplane/Sirotan/Shimajiro card will be sent separately.

## <Application for JMB Airplane Card/Sirotan Card/Shimajiro Card>

\* If your child already has an Airplane Card/Sirotan Card/Shimajiro Card, a new card will not be issued.

- Applicants must be children aged 12 or younger. Please select either Airplane Card, Sirotan Card or Shimajiro Card per application. If a member not qualified for JMB Crystal status submits his/her application, only JMB Airplane Card/Sirotan Card/Shimajiro Card will be delivered.
- Parent/legal guardian's signature is required for card applications.
- JMB Airplane Card/Sirotan Card/Shimajiro Card does not have IC card services and/or WAON function and cannot be used for JAL Touch & Go boarding. Please bring separate cards if needed.
- <For customers who already have a JMB membership card> Please make sure to write your JMB membership number. JMB Airplane Card/Sirotan Card/Shimajiro Card will be issued using the same JMB membership number. The information on this application will be used to update the information that has already been registered with JMB.

If you reside outside of Japan, please contact JMB Center of your membership region about how to apply for Airplane Card/Sirotan Card/Shimajiro Card.

(When joining JMB)

Please note that upon enrollment in JMB, JMB Rules and Conditions and other relevant terms and conditions will apply.

For more information, please visit <http://www.jal.co.jp/en/jalmile/rules.html>

(Management of Personal Information)

JAL recognizes the importance of Member's personal information submitted by them in JMB management, treats it with utmost care, and keeps it under a rigid computerized security system. This personal information is used in JAL Group companies for the purposes such as mileage accumulation, management of award use, offering air transportation service and tour, hotel service closely related to air travel, delivery of JAL related sales promotional material, questionnaires of JAL Group companies and partner companies, development of products and other business activities relating to the above. Member's requests for inquiries, changes, or deletions about their own personal information that is registered shall be dealt with in a reasonably prompt manner if members themselves contact the relevant JMB office. If you have any opinions about handling of personal information, JAL will also respond to them at each JMB office. JAL shall not transfer personal information to third parties except 1) when there is prior consent by the member, 2) as stipulated in JMB Rules and Conditions that will be sent to you after enrollment and 3) when requested in accordance with laws or government regulations.

**\* Read the notes and conditions carefully. If you agree, please complete the required information and submit your application.**

**\* By applying, the parent/legal guardian agrees to the JMB Rules and Conditions and other relevant terms and conditions.**

Please send your application to:

◆ Those living in Japan

JAL Mileage Bank JMB Crystal Status Application Office

Post Office Box 158, Tokyo Ryutsu Center Post Office, Ota-ku, Tokyo 143-6590

◆ Those living in countries/areas other than Japan

Please send your application to JMB Center of your membership region

Those living in the U.S., Canada, Central & South America, and Guam: 300 Continental Blvd. Suite 401, El Segundo, California 90245, U.S.A.

Those living in Europe, the Middle East, and Africa: 4th Floor, 21 Mansell Street, London E1 8AA, U.K. FAX: +44-(0)20-7264-5176

Those living in Asia (excluding Japan) and Oceania: FAX: +852-2521-0111 or please mail the application form to your nearest JMB Center at

[http://www.jal.co.jp/information/jmb/index\\_sr.html](http://www.jal.co.jp/information/jmb/index_sr.html)

\*Please check the FAX number if you send your application by FAX.

**If you wish to apply for JMB Crystal Status (mandatory)**

Must be completed by the applicant

|  |  |  |             |  |  |           |  |               |       |    |   |
|--|--|--|-------------|--|--|-----------|--|---------------|-------|----|---|
| Your JMB Membership Number (mandatory) | Enter the 7- or 9- digit number from left to right |  |             |  |  |           |  | Date of Birth |       |    |   |
|  |  |  |             |  |  |           |  | yyyy          | /     | mm | / |
| Your Name (filled in by the applicant) | First name   |  | Middle name |  |  | Last name |  |               | Phone |    |   |
|  |  |  |             |  |  |           |  |               |       |    |   |

**Select JAL Mileage Bank Airplane Card, Sirotan Card or Shimajiro Card**

|                                       |   |
|---------------------------------------|---|
| Card Type                             | <input type="checkbox"/> Airplane Card <input type="checkbox"/> Sirotan Card <input type="checkbox"/> Shimajiro Card<br><input type="checkbox"/> I already have a card<br><small>* If nothing is selected, Airplane Card will be issued.<br/> * If your child already has an Airplane Card/Sirotan Card/Shimajiro Card, a new card will not be issued.<br/> * Please select one card per application.</small> |
| Parent's / legal guardian's Signature |   |

**If your child has enrolled in JMB**

|                               |  |  |             |  |  |           |  |               |       |    |   |
|-------------------------------|--|--|-------------|--|--|-----------|--|---------------|-------|----|---|
| Child's JMB Membership Number | Enter the 7- or 9- digit number from left to right |  |             |  |  |           |  | Date of Birth |       |    |   |
|                               |  |  |             |  |  |           |  | yyyy          | /     | mm | / |
| Child's Name                  | First name   |  | Middle name |  |  | Last name |  |               | Phone |    |   |
|                               |  |  |             |  |  |           |  |               |       |    |   |

**If your child wishes to enroll in JMB**

|  |  |  |             |  |         |                        |  |                        |     |
|--|--|--|-------------|--|---------|------------------------|--|------------------------|-----|
| Child's Name                               | First name   |  | Middle name |  |         | Last name              |  |                        | Age |
|  |  |  |             |  |         |                        |  | 1. Male      2. Female |     |
|  | <small>※Please print your child's name as shown on his/her passport in block letters and use English/Roman alphabet spellings.</small> |  |             |  |         |                        |  |                        |     |
| Date of Birth                              |  |  |             |  |         | Sex                    |  |                        |     |
| yyyy / mm / dd                             |  |  |             |  |         | 1. Male      2. Female |  |                        |     |
| Address                                    |  |  |             |  |         |                        |  |                        |     |
|  | ZIP (postal Code)  |  |             |  | Country |                        |  |                        |     |
| Phone                                      |  |  |             |  |         | FAX                    |  |                        |     |
| Parent's / legal guardian's e-mail address |  |  |             |  |         |                        |  |                        |     |