

J-SMILES APPLICATION FORM

1. Company Name : _____

2. Company Registration Number : _____

3. Number of Employees : (Malaysian) _____ (Foreigner) _____

4. Company Address : _____

5. Annual Travel Budget : _____

6. Main Destination (city pairs) : _____

7. Travel Policy (criteria in choosing airline) : _____

8. Company Person-in-Charge : _____

9. Designation : _____

10. Email : _____

11. Telephone : _____

12. Fax : _____

13. Appointed Travel Agent : _____

14. Travel Agent Person-in-Charge: _____

15. Email : _____

16. Telephone : _____

On behalf of my company (particulars as above), I hereby acknowledge that I have read, understood and agree to abide by the terms and conditions set by Japan Airlines for my company's participation in the J-SMILES Program.

Person-in-Charge Signature : _____ Date : _____

For Office Use Only

1. Date Received : _____

2. Company Code : _____