

EduLinX Corporation

CANCELATION FORM (SPECIFIED CONTINUOUS SERVICE OFFERS)

APPLICANT INFORMATION

Full Name	
Registered E-mail	
The Date of Request	
Payment Method	<input type="checkbox"/> PayPal <input type="checkbox"/> Other (if the payment was made through PayPal, the refund is made to your PayPal account)
Resident of	<input type="checkbox"/> Japan <input type="checkbox"/> Other

BANK ACCOUNT

Please fill bank account information only if the payment method is not credit card.

Bank Account Holder's Name	
Bank Account Holder's Name in Katakana or English	
Bank Account Number	
Bank Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Bank Name	
Branch Name	

CONTACT ADDRESS

Please fill in the form and send the printed version to the address specified below. If you do not have a printer, please send the required information in the document via fax or postal mail. EduLinX Corporation is not reliable for any damage caused if sent by other means.

Fax	03-3348-2034
Postal Address	EduLinX Corporation, Parkwest Bldg. 4F, 6-12-1 Nishi Shinjuku, Shinjuku-ku, Tokyo, 160-0023

CONDITIONS

The cancelation request will be rejected when:

1. Specified Continuous Service Offers pertaining to a Contract on Specified Continuous Service Offers, etc. concluded by a Specified Continuous Service Recipient, etc. for the purpose of business or as business.
2. The applicant is a resident outside of Japan.
3. The amount of the fee is no more than 50,000 JPY (tax included).
4. The term of the contract is no more than two months.

AGREEMENTS

The applicant and EduLinX Corporation agree that:

1. The cancelation is to be processed according to the designated policy
2. Refund is to be made within 10 working days after the total amount of refund is accepted
3. The information provided by the applicant is used only for the cancelation process
4. The information provided by the applicant will be removed and/or deleted when the cancel process is completed
5. The user account of the applicant and the information of the applicant will be removed if the cancelation request is accepted

(Please check the box) I hereby request cancellation of the service provided by EduLinX and acknowledge that I have read, understand and agree to the terms of this document relating to cancelation.

EDULINX USE ONLY

Retention Period of the Form	
Date of Application	
Classification of the Form	
Procedure Document	