Form3

**Request for Certificate**

To Director-General,

Biological Resource Center,

National Institute of Technology and Evaluation

Order Date:click here

Name:

Organization:

Address:

Tel:

E-mail:

I hereby request the issuance of a certificate(s) as mentioned below.

|  |  |
| --- | --- |
| Reason for requesting a certificate: |  |
| The number of certificate(s): |  |
| Applicable NBRC number and requested date | NBRC number:  Order date of distribution: click here |
| Specify the certificate you need: | These items below will be described in the certificate  ✔ NBRC Number  ✔ Scientific Name  ✔ Shipping Date  Optional: If you wish these items below, check the box  Lot Number (glass ampoule only)  Sequence Information |
| Payment method: | Credit card only(VISA, Master Card, American Express, JCB or Diners Club) |
| Remarks: |  |

|  |
| --- |
| I request a certificate in respect of an order placed on Month/Date/Year.  If you request a certificate on your past order, please list the applicable Invoice Number.  Invoice Number:Invoice Number |