

CUSTOMER REGISTRATION FORM



Before you complete this form, please read carefully our Personal Information Protection Policy to understand how we collect Information and utilize the data you provide us. Please write clearly in block letters.

☐ INDIVIDUAL ☐ CORPORATE

DATE DD / MM / YYYY

Individual Applicant			
Mr. Ms.	Last Name	First Name	Middle Name(s)
Home Address			Date of Birth
Postal Code			DD / MM / YYYY
Country			
Telephone	Mobile	Fax	
Email	Your Country's Official ID Number (Social Security Number)		
Passport Number	Expiration Date of Passport		
			DD / MM / YYYY

Corporate Applicant			
Name of corporation			
Name of representative	Last Name	First Name	Middle Name(s)
Mr. / Ms.			
Address of Corporation			
Postal Code			
Country			
Telephone	Fax		
Contact person' s Name	Last Name	First Name	Middle Name(s)
Mr. / Ms.			
Department	Title		
Telephone	Fax		
Mobile	Email		

Financial Information (for reference only)	
Bank Name	Contact Mr. / Ms.
Telephone / Fax	Account Number

I agree that I am bound by SBI Art Auction "Terms and Condition of Auction" and "Sales Condition" which are published in the Catalogue for the sale and govern all purchases I make at auction.		
Signature of Applicant	Print Name(IN BLOCK LETTERS)	Date
		DD / MM / YYYY

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備考	確認書類 <input type="checkbox"/> 済 <input type="checkbox"/> 未