

**BCA Record ID Allocation Application Form**

( For “Notified Application” )

If the Applicant agrees to the “Terms and Conditions”, fill in the form and submit to DVD FLLC. DVD FLLC will allocate one (1) BCA Record ID per company (Applicant).

**1. General Information of Applicant**

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Official Name of Applicant (in English):

Address of the Principal Office:

Zip Code :

Business Category in DVD:

**2. Contact Person Information**

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(Please write the name of the person to whom we should contact in connection with the BCA Record ID.)

Name(Please underline Family name):

(Mr./Ms.)

Title :

Division :

Address :

Telephone :

Fax :

E-mail (DVD FLLC will use this e-mail to send BCA Record ID.):

**3. Usage of BCA Record ID**

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(Please explain the outline of your BCA Record ID usage. If this section is left blank, BCA Record ID may not be allocated)

**4. Notes**

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We hereby apply for a BCA Record ID with above-described information about our company. We agree to the "Terms and Conditions".

Signature

Name :

Title :

Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Month) (Year)

For application procedures, please see [http://www.dvdfllc.co.jp/activities/o\\_bca.htm](http://www.dvdfllc.co.jp/activities/o_bca.htm)