

## Japan Rail Pass request form

Please fill in this request form and send us by Email or Fax after completion with your signature.

Email : [sakina@japanpitavel.be](mailto:sakina@japanpitavel.be) Fax : 02.5100130

### PASSENGER (S) DETAILS (Please fill in to match your passport)

Title Mr/Mrs/Miss	Last name	First name	Date of Birth (only for child -12)	Green (1 <sup>st</sup> clas) Ordinary (2 <sup>nd</sup> class)	Duration 7/ 14/ 21 days

### NAME & ADDRESS OF PURCHASER (\*Mandatory fields)

*NAME:	*Tel.(Daytime) :
*Address:	*Tel.(Mobile) :
	E-Mail :
*Post code & Town:	Fax :
*Country :	*Departure date :

### DELIVERY

Collection at Japan P.I.Travel office (Open Mon-Fri 09:00-19:00, Sat 10:00-13:00)

※Date and time you prefer to visit our office :

Special delivery by courier service(OCS) - will be add : €9 within Belgium, €19 for Luxembourg

Send by Priority Mail (JPI does not warrant delay and undelivery)

### METHOD OF PAYMENT

Bank transfer You need to pay a bank transfer fee(Free of charge within Belgium and Europe)

Cash Please come to our office (Rue de stassart 100,1050 Brussels)

Credit card If you prefer to pay by credit card, We will charge following handling fees:  
VISA,Master card: 2%, Diners club: 1.5%, American Express: 2.4%  
We do not accept Debit card (Bancontact etc)

### CREDIT CARD DATA (Mandatory if you pay by credit card)

Card Type:  VISA  Master card  Diners club  American Express

Card Number :

Date of Expiry:

3 Digit Security Code (shown on the back of your card):

### MESSAGE AND OTHER REQUEST

Date and signature    Date: \_\_\_\_\_    Signature \_\_\_\_\_