



Notice of JAMP membership withdrawal

Attention: JAMP Chairman

The following company hopes to withdraw a member of JAMP.

Application date (YYYY/MM/DD)		
Company name		Signature by the responsible person
The person in charge		
The department in charge		
Address (street, city, zip code, country)		
Telephone number		
e-mail address		
The reason to withdraw a member of JAMP		