* Students **MUST** submit this form, ONLY if there is left out information of the bank account on Form 1, or when there is change in the bank account details from the previously submitted Form 1.

**Submission Office:** Office of the Institute for Advanced Research and Education (高等研究教育院事務室)

**Account Designation Form (source card）**

Date ( year ) ( month ) ( day )

To the President of Doshisha University,

|  |  |
| --- | --- |
| Address | Zip Code： |
| Phone number | Home: Mobile: |

Contract Employee

Other

(　　　　　　　)

Student

Status (Circle an item that applies) →

Non-regular worker

Part-time worker

Part-time Lecturer

Part-timer

TA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student ID |  | | | | |
| Affiliation | Graduate School of |  | Major |  | |
| Name (KATAKANA) |  | | | | ㊞  Signature |
| Name  (BLOCK LETTERS) |  | | | |

I will acknowledge receipt of the grant at the point when I receive it in the following bank account.

＜ Bank Account ＞

Name of account holder

Bank code

Bank name

Deposit type

Account no. (Please right-align the no.)↓

(Please circle either)

Ordinary or Checking

Branch name

Name of account holder **(KATAKANA)** (Note: Please put a space between the surname and first name)

Branch code

Bank

Shinkin Bank

Branch

Sub-branch

［Please enter only when there is any change in your bank account information.］

Former information:

（　　　　　　　）Bank（　　　　　　　）Branch（Ordinary savings / Current） Bank account no.（ ）

Account holder name（　　　 　　　　　　　）

<Important>

* Before completing this form, be sure to check your bank account information printed in your passbook; some banks and branches have changed their names because of abolishment or merger.
* For bank and branch names, please circle either “Bank” or “Shinkin bank” and either “branch” or “sub-branch.” You can use a financial institution other than a bank or a Shinkin bank.
* Deposit type: Ordinary savings accounts include checkable deposits.

|  |
| --- |
| **【Office use only】**  **ＧＲＭ　受付印** |
|  |
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