



ADDITIONAL INFORMATION REQUEST

1-2-1 Koenji-Minami, Suginami-ku, Tokyo 166-0003 Tel: +81-3-5378-1506 Fax: +81-3-5378-1507

APPLICATION NUMBER

To

Mr.

Candidate Organization's Name

Complete Address

Telephone/Fax

Email

Subject : Request for providing additional information

Dear Mr.

This is with reference to your application number _____ dated _____. The information provided by you is incomplete and would request you to please send us the following:

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The above information may please be sent to the ANQ secretariat before _____

Thanking you,

Yours sincerely,

For Asian Network of Quality