**Notification of Change of Application Information**

**Digitized Contents Transmission Service for Libraries**

Please fill out the form on a computer, not by hand.

To: Director General of the National Diet Library

|  |  |
| --- | --- |
| Name of the Library /Institution  (in Roman alphabet) |  |
| Registered User ID | D |

We have changed the information as follows. \*See Article 11.1 of the Agreement for the Digitized Contents Transmission Service for Libraries for details.

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|  | Term | Details of Change |
| ☐ | Article 11.1.(i) through 11.1. (vi) of the Agreement for the Digitized Contents Transmission Service for Libraries | Please let us know the status first by email. |
| ☐ | (vii) changing the name of the Receiving Library | Please also attach explanatory materials. |
| ☐ | (viii) relocating or rebuilding the facility of the Receiving Library | Please also attach explanatory materials. |
| ☐ | (ix) changing the email address |  |
| ☐ | (x) replacing the viewing terminals or operating (and printing) terminals, changing the layout of the reading room or terminals | Please attach explanatory materials. |
| ☐ | (xi) changing the IP address | [Viewing terminal] |
| [Operating and printing terminal] |
| ☐ | (ⅻ) changing regulations for eligible users and the use of Transmitted Materials | Please attach explanatory materials. |

\*You may let us know in advance before making these changes.

Please leave this section blank: