

(i)Company/ Division name	(ii) Contracting Agency/Customer	(iii) Type of Service	(iv) Periof of Performance	(v) Contract Number	(vi) Contract Value (Amount) \$/¥	(vii) POC name /Email address/Tel and Fax number	(viii) Comments regading compliance with contract terms and conditions
XYZ Corporation	ABC hospital	LP Gas delivery	From: 1 Apr 15 To: 30 Mar 18	DA5555-09- 1010	¥ xxx,xxx  \$ xx,xxx.xx	Mr Jams Tokyo Jams.tokyo1515@gma il.com  Tel: 098-888-888 Fax: 098-888-888	Registration for LP Gas sales in local prefecture and qualified licence holder