* To assure accurate and immediate response, this application form must be completed. Please fill out all the items here.



Courtesy Activation Application Form



Application date:	MM /	DD /	YYYY

* This application form is the document to submit when the license can not be transferred despite the fact that the product is not available for the under activation computer due to the hard disk failure and so on. Once an application is permitted the license which is not transferred is restored. The section with bold lines in this application will be filled out by customers.

which is not transferred is restored. The section with bold lines in this application will be filled out by customers.									
[Information of appl	licant (customer)]								
Corporate name									
Department name									
Contact person nam	ne								
TEL		FAX							
[Note] If the content between the user information registered when obtaining the target license and the information written above is differed, the application may not be accepted.									
[License information		_		_					
SheetWorks S		Add-ir	1	○ Em	bedded				
Product ID (SheetW Serial number (SOLII		Product name			Version in-use	Target license			
SheetWorks									
SOLIDWORKS	_								
[Application reason] * Please note that Courtesy Activation application cannot be permitted according to reasons. PC, hard disk, and/or other components crash (PC name:) Please fill in the PC state detail after crash in the box below (E.g. Discarded the PC after crash) OS upgrade without license transfer (E.g. Windows 10 > 11, etc) Other reasons: Please fill in the details in the box below. [Signature]									
[Sales subsidiary info	ormation]								
Sales subsidiary									
Department									
Contact person									
TEL		FAX							
E-mail									
[Notice] Even if the applied license would be available at a later day due to some reasons such as fixing the hard disk, using licenses at the same time in the two computers combined with restored license is violation of license agreement, which would be a target of a claim for compensation. AMADA HQ USE [Signature] Date in Approval									
Executive	Person in charge			/ /	,				