



bitFlyer, Inc.  
Representative Director

**CONSENT FORM**

The following minor has my consent to apply for registration of bitFlyer’s services.

Name	
Date of Birth (YYYY/MM/DD)	
Address	

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date (YYYY/MM/DD):

Relationship to the minor:

Name of the minor:

Signature of the minor: