

Date:

Month / Date / Year

To: Director  
RIKEN Nishina Center for Accelerator-Based Science

**Request to Withdraw from RIBF Independent User**

I hereby request to withdraw myself from RIBF Independent User.

Name :

Home Institute :

Date of Withdrawal :

Month / Date / Year

---

**RIBF Users Office Use Only**

Reason of Withdrawal	<input type="checkbox"/> Lab. Change ( ) <input type="checkbox"/> Cancel	
RIBF User Card	No.	Date of Return:
QuIxel Badge	<input type="checkbox"/> Withdrawn	Date of Cancellation:

Director	User Liaison Gr.		
	G. Director	TL	RIBF Users Office