| 在留資格取得許可申請書 | | | | | | | | | | | |
|---|--|--|---------------------------------|-------------------------|--------------------|--|----------------------------------|--------|-------------------------------------|--------------------------|--|
| APPLICATION FOR PERMISSION TO ACQUIRE STATUS OF RESIDENCE | | | | | | | | | | | |
| 入国管理局長 殿 | | | | | | | | | | | |
| | To the Director General of Regional Immigration Bureau | | | | | | | | | | |
| | 出入国管理及び難民認定法第22条の2第2項(第22条の3において準用する場合を含む。)の規定に基づ | | | | | | | | 写 | 真 | |
| | | き、次のとおり在留資格の取得を申請します。 | | | | | | | | 믔 | |
| | Pursuant to the provisions of Paragraph 2 of Article 22-2 (including cases where the same shall apply mutatis mutandis under Article 22-3) of the Immigration Control and Refugee Recognition Act, I hereby apply for permission to acquire status of residence. | | | | | | | | | oto | |
| 1 | | o o | aon ries, Thereby apply for per | | | 年 | 月 | 日 | | | |
| | 1 国籍·地域 Nationality/Region | | | 2 生年月日 Date of birth | | Year | ハ Month | Day | 40mm 3 | × 30mm | |
| | Family name Given na | | | Given name | iven name | | | | | | |
| 3 | 氏 名 | | | | | | | | | | |
| | Name | | | | | | | | | | |
| 4 | 性 別 Sex | 男・ が Male / Fema | | | | | | | | | |
| 7 | 職業 | Wale / Terrio | 8 本国における居住地 | | | | | | | | |
| | Occupation | | | | | | | | | | |
| 9 | 住居地 | | | | | | | | | | |
| | Address in Japan | | | | | | | | | | |
| | 電話番号 Allerton No. | | | | | | | | | | |
| 10 | Telephone No Cellular phone No | | | | | | | | | 日 | |
| 10 | ル分 Passport | Number | | | ` ' ' | ョメルカロ以 Date of expiration | Year | | 力 Month | ⊢ Day | |
| 11 | Fassport Number □ 出生 □ 国籍離脱・喪失 □ その他() | | | | | | | | | | |
| | Cause of application Birth Loss of Japanese nationality Others | | | | | | | | | | |
| 12 | | 在留の理由 | | | | | | | | | |
| | | urpose of stay | | | | | | | | | |
| 13 | | 希望する在留資格 在留期間 Activities of activities and activities of activities of activities of activities and activities of activities and activities of activities and activities of activities and activities activities activities activities activities and activities a | | | | | | | | | |
| 14 | Desired status of residence Period of stay 在日親族(父・母・配偶者・子・兄弟姉妹など)及び同居者 Family in Japan (Father, Mother, Spouse, Son, Daughter, Brother, Sister or others) or co-residents | | | | | | | | | | |
| | 売 柄 | | 氏 名 | 生年月日 | 国籍•地 | 1 | 勤務先•通学 | | 在留カー | ード番号 | |
| | | | N A | | | Dociding with | | | 特別永住者証明書番号 Residence card number | | |
| Relationship | | | Name | Date of birth | Nationality / Reg | applicant or not | Place of employment/s | school | | ident Certificate number | |
| | | | | | | はい・いいえ | | | | | |
| | | | | | | Yes / No はいいいえ | | | | | |
| | | | | | | Yes / No | | | | | |
| | | | | | | はいいいえ Yes/No | | | | | |
| | | | | | | はいいいえ | | | | | |
| 1.5 | | ı. → /□ ÷r - | 1) 1) 古 4 | | | Yes / No | | | | | |
| 15 | 仕日月 (1)氏 | | ては連絡先 Guaranto | r in Japan | | (2)本人と | の関係 | | | | |
| | Nam | | | | | | ク)剣(ボ Ship with the applicant | | | | |
| | (3)住所 | | | | | | | | | | |
| | Addr | | | | | | | | | | |
| 電話番号 | | | | | | | | | | | |
| Telephone No. Cellular phone No. | | | | | | | | | | | |
| 16 代理人(法定代理人による申請の場合に記入) Legal representative (in case of legal representative) (1)氏 名 (2)本人との関係 | | | | | | | | | | | |
| | Name Relationship with the applicant | | | | | | | | | | |
| | (3)住 所 | | | | | | | | | | |
| | Address | | | | | | | | | | |
| | 電話番号 Telephone No. | | | | | 携帯電話番号 Cellular phone No. | | | | | |
| | • | | | | | I hereby declare that the statement given above is true and correct. | | | | | |
| | 申請人(法定代理人)の署名/申請書作成年月日 Signature of the applicant (legal representative) / Date o | | | | | | | | | form | |
| | 年 | | | | | | | | _ | 日 日 | |
| | | | | | | | Year | | lonth | ⊢ Day | |
| 注 意 申請書作成後申請までに記載内容に変更が生じた場合,申請人(法定代理人)が変更箇所を訂正し | | | | | | | | | | | |
| | Attention | In cases who | ere descriptions have chan | ged after filling in t | | | | | | | |
| \ *⁄ | must correct the part concerned and sign their name. ※ 取次者 Agent or other authorized person | | | | | | | | | | |
| ** | (1)氏 名 (2)住所 | | | | | | | | | | |
| | (1)IX Nam | | | (2) | 1生月T Address | | | | | | |
| | | | 族等については,本 | (人との関係) | = | | 電話番号 | | | | |
| | | | the agent belongs (in case | | ionship with the a | applicant) | Telephone No. | | | | |
| | | | | | | | | | | | |