

在留資格認定証明書交付申請書
APPLICATION FOR CERTIFICATE OF ELIGIBILITY

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7条の2の規定に基づき、次のとおり同法第7条第1項第2号に掲げる条件に適合している旨の証明書の交付を申請します。

Pursuant to the provisions of Article 7-2 of the Immigration Control and Refugee Recognition Act, I hereby apply for the certificate showing eligibility for the conditions provided for in 7, Paragraph 1, Item 2 of the said Act.

写真

Photo

40mm x 30mm

1 国籍・地域 Nationality/Region
2 生年月日 Date of birth
3 氏名 Name
4 性別 Sex
5 出生地 Place of birth
6 配偶者の有無 Marital status
7 職業 Occupation
8 本国における居住地 Home town/city
9 日本における連絡先 Address in Japan
10 旅券(1)番号 Passport Number
11 入国目的 Purpose of entry
12 入国予定年月日 Date of entry
13 上陸予定港 Port of entry
14 滞在予定期間 Intended length of stay
15 同伴者の有無 Accompanying persons
16 査証申請予定地 Intended place to apply for visa
17 過去の出入国歴 Past entry into / departure from Japan
18 犯罪を理由とする処分を受けたことの有無 Criminal record
19 退去強制又は出国命令による出国の有無 Departure by deportation / departure order
20 在日親族 Family in Japan

Table with 7 columns: 続柄 (Relationship), 氏名 (Name), 生年月日 (Date of birth), 国籍・地域 (Nationality/Region), 同居予定 (Intended to reside with applicant or not), 勤務先・通学先 (Place of employment/school), 在留カード番号 (Residence card number)

(注) 裏面参照の上、申請に必要な書類を作成して下さい。Note: Please fill in forms required for application. (See notes on reverse side.)

申請人等作成用 2 R (「家族滞在」・「特定活動(ハ)」・「特定活動(EPA家族)」)

For applicant, part 2 R ("Dependent" / "Designated Activities(c)" / "Dependent who intends to live with their supporter whose status is Designated Activities (Nurse and Certified Careworker under EPA)")

在留資格認定証明書用
For certificate of eligibility

21 婚姻, 出生又は縁組の届出先及び届出年月日

Authorities where marriage, birth or adoption was registered and date of registration

(1) 日本国届出先

Japanese authorities

届出年月日

Date of registration

年

月

日

Year

Month

Day

(2) 本国等届出先

Foreign authorities

届出年月日

Date of registration

年

月

日

Year

Month

Day

22 滞在費支弁方法

Method of support

親族負担

Relatives

外国からの送金

Remittance from abroad

身元保証人負担

Guarantor

その他 ()

Others

23 申請人, 法定代理人, 法第7条の2第2項に規定する代理人

Applicant, legal representative or the authorized representative, prescribed in Paragraph 2 of Article 7-2.

(1) 氏名

Name

(2) 本人との関係

Relationship with the applicant

(3) 住所

Address

電話番号

Telephone No.

携帯電話番号

Cellular Phone No.

以上の記載内容は事実と相違ありません。
申請人(代理人)の署名/申請書作成年月日

I hereby declare that the statement given above is true and correct.
Signature of the applicant (representative) / Date of filling in this form

年

月

日

Year

Month

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(代理人)が変更箇所を訂正し, 署名すること。
Attention In cases where descriptions have changed after filling in this application form up until submission of this application, the applicant (representative) must correct the part concerned and sign their name.

※ 取次者

Agent or other authorized person

(1) 氏名

Name

(2) 住所

Address

(3) 所属機関等

Organization to which the agent belongs

電話番号

Telephone No.

扶養者等作成用 1 R (「家族滞在」・「特定活動(ハ)」・「特定活動(EPA家族)」)

For supporter, part 1 R ("Dependent" / "Designated Activities(c)" / "Dependent who intends to live with their supporter whose status is Designated Activities (Nurse and Certified Careworker under EPA)")

在留資格認定証明書用

For certificate of eligibility

1 扶養される家族(申請人)の氏名
Name of the family member to be supported (applicant) _____

2 扶養者 Supporter
(1)氏名
Name _____

(2)生年月日 _____ 年 _____ 月 _____ 日 (3)国籍・地域
Date of birth _____ Year _____ Month _____ Day _____ Nationality/Region _____

(4)在留カード番号
Residence card number _____

(5)在留資格 _____ (6)在留期間 _____
Status of residence _____ Period of stay _____

(7)在留期間の満了日 _____ 年 _____ 月 _____ 日
Date of expiration _____ Year _____ Month _____ Day _____

(8)申請人との関係(続柄) Relationship with the applicant
 夫 妻 父 母
 Husband Wife Father Mother
 養父 養母 その他()
 Foster father Foster mother Others

(9)勤務先名称 _____ 支店・事業所名 _____
Place of employment _____ Name of branch _____

(10)勤務先所在地
Address _____
電話番号 _____
Telephone _____

(11)年収 _____ 円
Annual income _____ Yen

以上の記載内容は事実と相違ありません。 I hereby declare that the statement given above is true and correct.

扶養者の署名及び押印/申請書作成年月日(印がない場合は押印省略可)

Signature and seal of the supporter or guarantor / Date of filling in this form (In cases of not possessing a seal, it is possible to omit it.)

(扶養者と申請人が同時に入国予定の場合、扶養者の通学先、勤務先又は所属機関名、代表者氏名の記名及び押印)

In cases where the applicant is to enter Japan with a supporter or guarantor, fill in the name of the place of study, work or the organization to which the supporter or guarantor belongs and the name of the representative of such place, and press the official seal of the organization.

印 _____ 年 _____ 月 _____ 日
Seal _____ Year _____ Month _____ Day

注意 Attention

申請書作成後申請までに記載内容に変更が生じた場合、扶養者が変更箇所を訂正し、署名すること。

印がない場合は、変更箇所に署名すること。

(扶養者と申請人が同時に入国予定の場合、扶養者の所属機関等が変更箇所を訂正し、押印すること。)

In cases where descriptions have changed after filling in this application form up until submission of this application, the supporter or guarantor must correct the part concerned and press its seal on the correction.

In cases of not possessing a seal, sign the corrected part.

(In cases where the applicant is to enter Japan with a supporter or guarantor, the organization to which the supporter or guarantor belongs must correct the part concerned and press its seal on the correction.)