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| Документы, подготавливаемые японской стороной  (Заполните либо на японском,либо на английском языке.)  **身　元　保　証　書**  **Гарантийное письмо** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平成　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **査証申請人** | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | |
|  | | （氏名は必ず旅券上のアルファベット表記で記載してください。申請人が複数の場合には代表者の身分事項を下記に記入の上，申請人全員のリストを作成し，添付してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 国籍 | | | | | | | | | | ： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |  | | | | |  | |
|  | |  | | 職業 | | | | | | | | | | ： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |  | | | | |  | |
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|  | |  | | 生年月日 | | | | | | | | | | ： | | | | | | 西暦 | | | | | | | |  | | | | | | | | | | 年 | | | | | |  | | | | | | 月 | | | | | | |  | | | | | 日生 | | | | | | | | |  | | | | | | | | | 歳 | | | |  | | | | | | | |  | | | |  | | | | |  | |
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| **上記の者の本邦入国に関し，下記の事項について保証します。**  **１．　滞在費**  **２．　帰国旅費**  **３．　法令の遵守**  **上記のとおり相違ありません。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | **身元保証人** | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | | |
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|  | 【以下は，会社・団体が招へいする場合に記入してください】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | 担当者所属先名 | | ： | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |
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| （注） | | | 会社･団体等が招へいする場合 | | | | | | | | | | ： | | | | | 会社・団体名及び役職名を記入の上，代表者印，役職印又は社印を押印してください（私印不可）。押印が困難な場合は所属機関の然るべき役職の方が署名してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外国籍者等で印鑑がない場合 | | | | | | | | | | ： | | | | | 署名してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |