	Letter of Guarantee			
	(Year)	(Month)	(Day)	
To: (Ambassador/Consul-General) of Japan in				
Zisa Applicant Make sure the name is written in the Latin alphabet as it app When there are two or more applicants, enter the representa Nationality:	tive's status below	, and attach a list of all a	applicants.)	
Nationality: Occupation:				
Full name (in Latin alphabet):			(Male / Female)	
• • • • • • • • • • • • • • • • • • •	(Age:)		(IVIAIC / I'CIIIAIC)	
(Year)/(Month)/(Day) Additional applicants:				
 Expenses for the applicant's stay in Japan Return travel expenses Compliance with Japanese laws and regul hereby declare that the above is true. 			-	
Zip code: - Address: Full name: (Note) Date of birth: / (Year) / (Month) / (Day)	(Age:)	Seal		
Zip code:	(Age:)	Seal		
Zip code: 〒 - Address: - Full name: (Note) - Date of birth: / (Year) / (Month) / (Day)	(Extensi			
Zip code: 〒 - Address: - Full name: (Note) - Date of birth: / / (Year) / (Month) / (Day) - Occupation/Name of organization: - Telephone number: () -	(Extensi	on)		
Zip code: 〒 - Address: - Full name: (Note) - Date of birth: / / (Month) / (Day) - Occupation/Name of organization: - Telephone number: () - - FAX number: () - -	(Extensi	on)		
Zip code: \overline{T} - Address: Full name: (Note) Date of birth: / / Date of birth: / (Year) / (Month) / (Day) Occupation/Name of organization: Telephone number: (PAX number: (Output FAX number: (Content Content Fax number: (Content Content Telephone number: (Content Content For the following items when the company/organization	(Extensi — ation is extending	on) g the invitation.]		
Zip code: \overline{T} - Address: Full name: (Note) Date of birth: / / Date of birth: / (Year) / (Month) / (Day) Occupation/Name of organization: Telephone number: (FAX number: (Output FAX number: (Content Content Fax number: (Content Content Telephone number: (Content For the following items when the company/organization	(Extensi — ation is extending	on) g the invitation.]		
Zip code: \overline{T} - Address: Full name: (Note) Date of birth: / (Year) / (Month) / (Day) Occupation/Name of organization: Telephone number: () FAX number: () Address: Relationship with the visa applicant(s) Enter the following items when the company/organizz Contact person's division: Contact person's full name:	(Extensi 	on) g the invitation.]		
Zip code: \overline{T} - Address: Full name: (Note) Date of birth: / / Date of birth: / (Year) / (Month) / (Day) Occupation/Name of organization: Telephone number: (FAX number: (Occupationship with the visa applicant(s) Enter the following items when the company/organizz Contact person's division:	(Extensi 	on) g the invitation.] (Extension	<u>n)</u>	

When a company/organization is extending an invitation, fill out the name of the company/organization as well as your title and affix, and put the registered seal of the representative, or non-registered seal of the company or the sub-organ (a personal seal is unacceptable). If it is difficult to put the seal, a person in a position of authority at the company/organization may put his/her signature.

• Foreign nationals who do not have a seal may put his/her signature here.