

Power of Attorney

(Letter of Authorization)

Date (yyyy/mm/dd) _____

To the mayor of Meguro ward

Mandator (Applicant)

Name: _____

Address: _____

Date of Birth (yyyy/mm/dd): _____

I hereby authorize the person below as my deputy to apply and collect the following certificate on my behalf.

_____	Quantity _____	sheet(s)
_____	Quantity _____	sheet(s)
_____	Quantity _____	sheet(s)

Authorized person

Address: _____

Name: _____

Date of Birth (yyyy/mm/dd): _____

Relationship to the mandator: _____

※Note

1. This form has to be filled in by the mandator (Applicant).
2. The authorized person has to present an I.D. (ex. Driver's license, Passport, Residence card, etc.) at the counter.