

委任状

Power of Attorney

(代理人) 住所 488 Kamihonnoji-mae-cho, Nakagyo-ku, Kyoto City
Attorney Address 604-8571

氏名
Name KYOTO Taro

生年月日
Date of Birth 1955 Year 5 Month 31 Day

連絡先
Phone Number 075-XXX-XXX

Fill in the address, name, date of birth and phone number of the Attorney, the person who submit the application form on behalf of the Principal.

私は、上記の者を代理人と定め、「新型コロナウイルス感染症予防接種証明書」の発行申請に係る一切の権限を委任します。

I hereby appoint the abovementioned person as my attorney-in-fact, giving and granting unto said attorney full power and authority to do and perform every act necessary and proper to be done in applying for/ receiving the Vaccination Certificate of COVID-19.

Date: 2021 Year 7 Month 26 Day

Indicate the date on which the Principal filled in this form.

Fill in the address, name, date of birth and phone number of the person who wish to be certified.

(委任者) 住所 521 Nishisanbo-horikawa-cho, Nakagyo-ku, Kyoto City
Principal Address 604-8588

氏名
Name OIKE Hanako

生年月日
Date of Birth 1957 Year 11 Month 30 Day

連絡先
Phone Number 075-XXX-XXXX

The Principal, who wish to be certified, must write the name by themselves.

※ 代理人の方の本人確認書類を添付してください。

*Attach a copy of the Attorney's identification document.