## Letter of Proxy

				Date:	/	
To Dean of	the Graduate S	School of Agricultura	1 and			
Life Scienc	es / Faculty o	of Agriculture				
Γ	Furigana (Katakana)					
	Name				印	
	e following per roxy (Name:	rson to act as my proxy	in applying fo		tificates.	)
		resent a copy of a pers		ation below	v, taking	full
<copy of="" th="" th<=""><th>e delegator's</th><td>personal identification</td><th>&gt;</th><th></th><td></td><td></td></copy>	e delegator's	personal identification	>			
<pre> Delegate e As stated abo concerning th</pre>	ve, I the deleg	gate present my identi	y, in order to	carry-out	all matte	ers
Delegate/pr	oxy's name:		印			
Curren	t Residence : =	Ē				
I	Phone number:					

Cautionary note:

Fill out in regular script with a pen. The document will be invalid without a signet. The proxy must present a personal identification document for the application and reception of a document. For mail—in applications, a copy of a personal identification document must be attached to the back.