Application for

受付	回答書	確認	交付
			□本 人

□代理人

通

PERSONAL SEAL INKAN Registration / Cancellation

(To) The Mayor of the City of Ota

【Applicant (who comes to the counter)】		Date:	年 月	日 (year/month/day)
Address	Ota-Shi			
Full Name			(Not require	白 if you filled in the name yourself.)

Notice

Registrant in person must make the application. However, if a proxy is applying on their behalf, they are required to fill out the Notification of Delegation of Proxy form.

If the applicant's identity cannot be verified with identification documents, or if the application is made by a proxy, a written inquiry will be sent to the registrant, so registration cannot be completed on the same day. Please note that certain seals cannot be registered, so please consult with personnel in advance.

(Registrant (who registers or cancels the seal)

Address	□Same as the applicant (above). Ota-Shi			
Full Name	□Same as the applicant (above).			
Date of Birth		年	月	日 (year/month/day)
TEL	_		_	

REGISTRATION



CANCELLATION

₩

Registration Number	Reason	Seal	\Box Loss \Box Not needed \Box Cancel immediately
第 号		Reg. Card	🗆 Loss 🗆 Damage

市役所修	吏用欄 (For City	/'s Use)		□登録	□即日廃止		回答書	
		本人確認欄		照会書送付		年	月	日
	□運転免許証	ロマイナンバーカ	ード	回答期限		年	月	日
	□住基カード	□在留カード等		登録日		年	月	日
	ロパスポート	□保証人		登録番号	第			号
	□その他()	豆虾田勺	*			7

%The **Registrant** (the person registering or cancelling) must complete.

Notification of **DELEGATION to a PROXY**

(To) The Mayor of the City of Ota

Date: 年

月

日 (year/month/day)

[Proxy]

Address				
Full Name				
Date of Birth		年	月	日 (year/month/day)

I hereby delegate person above as my proxy and entrust the person with follow. Application for Personal Seal *Inkan* Registration Application for Personal Seal *Inkan* Registration Cancellation

[Registrant (who registers or cancels the seal)]

Address	Ota-Shi	
Full Name	E	Ŋ

* Those applying for registration should affix the seal to be registered, and those applying for cancellation only should affix their previous registered seal or another seal.

XIf registrant is unable to fill out the Notification of Delegation to a Proxy form in person due to illness or physical reasons, please contact the Residents' Affairs Division, Shimin-Ka.

%The **Guarantor** must complete and affix their seal in the seal column.

GUARANTEE

Date: 年 月 日 (year/month/day)

I hereby guarantee that the person applying (for the application) is the person themself.

Address	Ota-Shi	
Full Name		
Registration Number	第	

Since it will go through a verification process, please make the guarantor's seal impression clearly.



