



※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	印

※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.

※If 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*.

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※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 themselves.

Address	Ota-Shi
Full Name	
Registration Number	第      号

Guarantor's Registered Stamp

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

照合者