

申請人等作成用 2 R (「家族滞在」・「特定活動(研究活動等家族)」・「特定活動EPA家族」)

For applicant, part 2 R ("Dependent" / "Dependent who intends to live with their supporter

在留資格認定証明書用

whose status is Designated Activities (Researcher or IT engineer / Nurse and Certified Careworker under EPA)"

For certificate of eligibility

21 婚姻、出生又は縁組の届出先及び届出年月日

Authorities where marriage, birth or adoption was registered and date of registration

(1) 日本国届出先

Japanese authorities

届出年月日

Date of registration

年

月

日

Year

Month

Day

(2) 本国等届出先

Foreign authorities

PEOPLE'S REPUBLIC OF BANGLADESH

届出年月日

Date of registration

2023

年

8

月

18

日

Year

Month

Day

22 滞在費支弁方法

Method of support

■ 親族負担

Relatives

☐ 外国からの送金

Remittances from abroad

☐ 身元保証人負担

Guarantor

☐ その他 (

Others

23 申請人、法定代理人、法第7条の2第2項に規定する代理人

Applicant, legal representative or the authorized representative, prescribed in Paragraph 2 of Article 7-2.

(1) 氏 名

Name

RAFI MD ASHIFUJJMAN

(2) 本人との関係

Relationship with the applicant

HUSBAND

(3) 住 所

Address

3-22-1 SHIZUOKA UNIVERSITY RESIDENCE-2, SHIJIMIZUKA, NAKA-KU, HAMAMATSU. 432-8018

電話番号

Telephone No.

090-8145-6815

携帯電話番号

Cellular Phone No.

以上の記載内容は事実と相違ありません。
申請人(代理人)の署名／申請書作成年月日

I hereby declare that the statement given above is true and correct.
Signature of the applicant (representative) / Date of filling in this form

年

月

日

Year

Month

Day

注意 申請書作成後申請までに記載内容に変更が生じた場合、申請人(代理人)が変更箇所を訂正し、

Attention In cases where descriptions have changed after filling in this application form up until submission of this application, the applicant (representative) must correct the part concerned and sign their name.

※ 取次者 Agent or other authorized person

(1) 氏 名

Name

(2) 住 所

Address

(3) 所属機関等

Organization to which the agent belongs

電話番号

Telephone No.