**Letter of Attorney -委任状-**

(Vaccination Certificate of COVID-19**）**

　　　　　　　　　　　　　　　　　　Application Date

To Mayor of Shibuya City

（Representative）Address

　　　　　　 　 Name

I , ( name of the applicant) hereby appoint the above-mentioned as my attorney in regard to the application and receipt of a Vaccination Certificate of COVID-19.

The reason for the application 　　　　　　

The country you will visit

　Mandator (the applicant)’s information

Address

　 Name &Signature 　　　　　　　　　　　　　　　　　　　　(Note１）

Contact number (phone number)　　　　　　　　　　　 　　　　　　　 (Note2）

【Notes】

(Note1)The name on the certificate and the name on your passport must be exactly the same. If you want a different name written on the certificate from your name on the passport, you need to take a procedure to modify your name written on your passport.

(Note2)Giving your date of birth and contact number (during the day) are not mandatory, but they might be necessary for confirmation during the issuing procedure. Filling in these columns is also requested.

(Note3)Please be sure to submit a copy of the identity verification document of the proxy (a copy of the identity verification document with the return address when applied and received both by the proxy)