

Letter of Proxy

Date (Year/Month/Day): / /

To the Mayor of Kiyose City

All items must be filled in by the Delegator.

Proxy (Come to City Hall Counter)

Address			
Name			
Date of Birth	Year	Month	Day
Telephone			

I have designated the person above as an agent and delegate all authority over the following terms of reference to the agent.

【Terms of Reference】 <input type="checkbox"/> Application for Vaccination Certificate of COVID-19 <input type="checkbox"/> Receipt of Vaccination Certificate of COVID-19 After delegating the authority to receive, it will be sent to the agent's address or handed to the agent at the counter
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Delegator (Applicant)

Address			
Name			
Date of Birth	Year	Month	Day
Telephone			

※If there is any omission or incompleteness in the power of attorney or application form, we may refuse the procedure.

※The Proxy should bring document(s) for identity verification