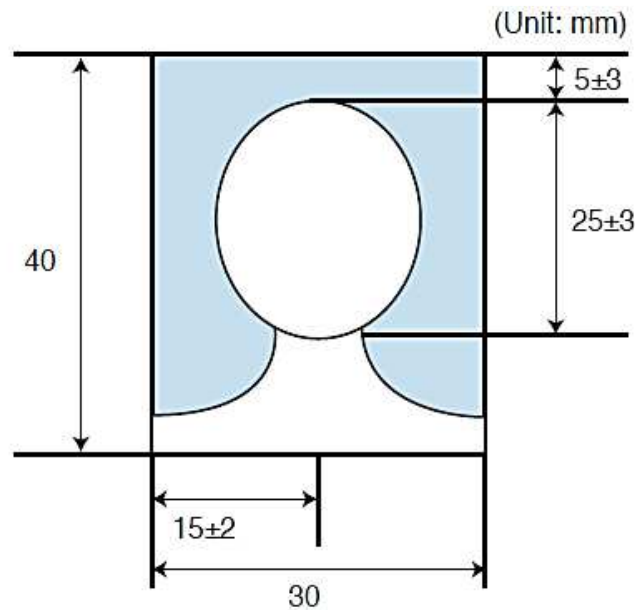


Photograph Requirements for COE(Certificate of Eligibility) Application

You need to submit a photo as specified below when you submit an application for COE and resident card.



- 1 A photo that shows the applicant him/herself alone
- 2 A photo of the dimensions specified in the drawing above, excluding the photo's outer border (the dimension of the face refers to the portion from the top of the head [including the hair] to the lower end of the chin)
- 3 The person should face squarely to the front and remove hats, caps or head coverings.
- 4 No background or shadows
- 5 Must be clear.
- 6 Must be taken within three months prior to submission.

*Please make sure to check the acceptable photo examples on the next page.

Acceptable Photo Examples

Satisfies all specifications - subject is easily identified.



Unacceptable Photo Examples

Photos that don't satisfy given measurements or specifications



Off-center

Face is angled to the side

Shadow in background

Body is angled

Photos in which part of the face is obscured



Glasses frame covers eyes

Glasses frame is exceedingly large

Lighting is reflected in glasses

Part of face is covered with a mask

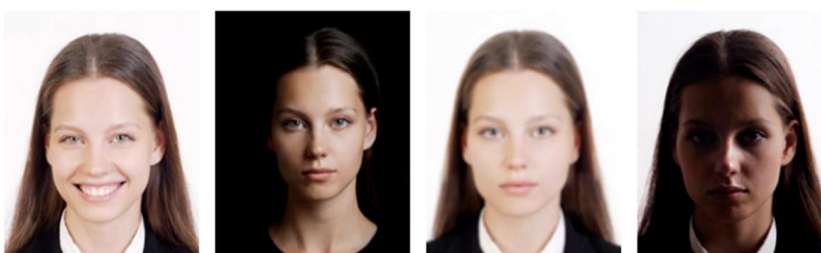


Eyes are obscured by hair

Cloth wrapping creates a shadow on face

(Note) Head wrappings made of cloth, etc. are acceptable if the face is clearly visible.

Photos in which identification of the individual is difficult



Expression differs greatly from normal expression

Dark background color makes it difficult to determine outline

Not clear due to focus issue or vibration of camera

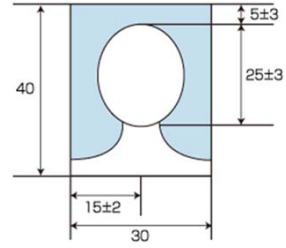
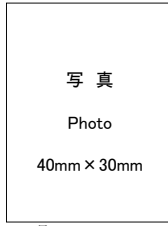
Shadow on face

Frontal full face view with a plain background (no hats), which was taken within three months.

在留資格認定証明書交付申請書
APPLICATION FOR CERTIFICATE OF ELIGIBILITY

To the Director General of **OSAKA** 入国管理局長 殿
Regional Immigration Bureau

出入国管理及び難民認定法第7条の2の規定に基づき、次のとおり同法第7条第1項第2号に掲げる条件に適合している旨の証明書の交付を申請します。
Pursuant to the provisions of Article 7-2 of the Immigration Control and Refugee Recognition Act, I hereby apply for the certificate showing eligibility for the conditions provided for in 7, Paragraph 1, Item 2 of the said Act.



You need to submit a photo as specified below when you submit an application or report that involves issue of a resident card. (Unit: mm)
id photo
1. A photo that shows the applicant him/herself alone.
2. A photo of the dimensions specified in the drawing above, excluding the photo's outer border (the dimension of the face refers to the portion from the top of the head [including the hair] to the lower end of the chin).
3. The person should face squarely to the front and remove hats, caps or head coverings.
4. No background or shadows.
5. Must be clear. 6. Must

1 国籍・地域 **JAPAN** 2 生年月日 **1990** 年 **1** 月 **1** 日
Nationality/Region Family name Given name
3 氏名 **KOBE** **HANA**
Name
4 性別 **男** 5 出生地 **JAPAN, KOBE** 6 配偶者の有無 **有**
Sex Male / Female Place of birth Marital status Married / Single
7 職業 **STUDENT** Please write your occupation before entering Japan. **JAPAN, KOBE**
Occupation
9 日本における連絡先
Address in Japan
電話番号
Telephone No. 携帯電話番号
Cellular phone No.
10 旅券 (1)番号 **AB1234567** (2)有効期限 **2000** 年 **0** 月 **0** 日
Passport Number Date of expiration
11 入国目的 (次のいずれか該当するものを選んでください。) Purpose of entry: check one of the followings
 I「教授」 I「教育」 J「芸術」 J「文化活動」 K「宗教」 L「報道」
"Professor" "Instructor" "Artist" "Cultural Activities" "Religious Activities" "Journalist"
 L「企業内転勤」 M「経営・管理」 L「研究(転勤)」
"Intra-company Transferee" "Business Manager" "Researcher (Transferee)"
 N「研究」 N「技術・人文知識・国際業務」 N「技能」
"Researcher" "Engineer / Specialist in Humanities / International Services" "Skilled Labor"
 N「特定活動(研究活動等)」 O「興行」 P「留学」 Q「研修」 Y「技能実習(1号)」
"Designated Activities (Researcher or IT engineer of a designated org)" "Entertainer" "Student" "Trainee" "Technical Intern Training (i)"
 R「家族滞在」 R「特定活動(研究活動等家族)」 R「特定活動(EPA家族)」
"Dependent" "Designated Activities (Dependent of Researcher or IT engineer of a designated org)" "Designated Activities(Dependent of EPA)"
 T「日本人の配偶者等」 T「永住者の配偶者等」 T「定住者」
"Spouse or Child of Japanese National" "Spouse or Child of Permanent Resident" "Long Term Resident"
 「高度専門職(1号イ)」 「高度専門職(1号ロ)」 「高度専門職(1号ハ)」 U「その他」
"Highly Skilled Professional(i)(a)" "Highly Skilled Professional(i)(b)" "Highly Skilled Professional(i)(c)" "Others"
12 入国予定年月日 **2010** 年 **0** 月 **0** 日 13 上陸予定港 **KANSAI INTERNATIONAL AIRPORT**
Date of entry Port of entry
14 滞在予定期間 Please write your admission period. e.g. 6months, 1year, 2years, any
Intended length of stay Yes / No
16 査証申請予定地 **TOKYO**
Intended place to apply for visa
17 過去の出入国歴 **有**・無
Past entry into / departure from Japan Yes / No
(上記で「有」を選択した場合) (Fill in the followings when the answer is "Yes")
回数 **1** 回 直近の出入国歴 **2017** 年 **1** 月 **1** 日 から **2017** 年 **1** 月 **4** 日
time(s) The latest entry from Year Month Day to Year Month Day

続柄 Relationship	氏名 Name	生年月日 Date of birth	国籍・地域 Nationality/Region	同居予定 Intended to reside with applicant or not	勤務先・通学先 Place of employment/school	在留カード番号 特別永住者証明書番号 Residence card number Special Permanent Resident Certificate number
	NONE			はい/いいえ Yes/No		
Write the information about your family members and relatives living in Japan, if any.						
				はい/いいえ Yes/No		

※ 201については、記載欄が不足する場合は別紙に記入して添付すること。なお、「研修」、「技能実習」に係る申請の場合は記載不要です。
Regarding item 20, if there is not enough space in the given columns to write in all of your family in Japan, fill in and attach a separate sheet.
In addition, take note that you are not required to fill in item 20 for applications pertaining to "Trainee" / "Technical Intern Training".

(注) 裏面参照の上、申請に必要な書類を作成して下さい。 Note: Please fill in forms required for application. (See notes on reverse side.)

21 通学先 Place of study

(1) 名称 **神戸大学 ○○学研科**
Name of school

(2) 所在地 **兵庫県神戸市灘区六甲台町1-1**
Address

(3) 電話番号 **078-000-0000**
Telephone No.

22 修学年数 (小学校～最終学歴)

Total period of education (from elementary school to last institution of education) **16** 年 Years

23 最終学歴 (又は在学中の学校) Education (last school or institution) or present school

(1) 在籍状況 卒業 在学中 休学中 中退
Registered enrollment Graduated In school Temporary absence Withdrawal
 大学院 (博士) 大学院 (修士) 大学 短期大学 専門学校
Doctor Master Bachelor College of Education
 高等学校 中学校 小学校 その他
Senior high school Junior high school Elementary school Others

Do not forget to enter the expected date of graduation from your home institution.

(2) 学校名 **○○ UNIVERSITY** (3) 卒業又は卒業見込み年月 **201○** 年 ○ 月
Name of the school Date of graduation or expected graduation Year Month

24 日本語能力 (専修学校又は各種学校において日本語教育以外の教育を受ける場合に記入)

Japanese language ability (Fill in the followings when the applicant plans to study at advanced vocational school or vocational school (except Japanese language))

試験による証明 Proof based on a Japanese language test

(1) 試験名 Name of the test (2) 級又は点数 Attained level or score

日本語教育を受けた教育機関及び期間 Organization and period to have received Japanese language education

機関名

Organization

期間: 年 月 から 年 月 まで
Period from Year Month to Year Month

その他

Others

25 日本語学習歴 (高等学校において教育を受ける場合に記入)

Japanese education history (Fill in the followings when the applicant plans to study in high school)

日本語の教育又は日本語による教育を受けた教育機関及び期間

Organization and period to have received Japanese language education / received education by Japanese language

機関名

Organization

期間: 年 月 から 年 月 まで
Period from Year Month to Year Month

26 滞在費の支弁方法等 Method of support to pay for expenses while in Japan

(1) 支弁方法及び月平均支弁額 Method of support and an amount of support per month (average)

本人負担 円 在外経費支弁者負担 **150,000** 円
Self Yen Supporter living abroad Yen

在日経費支弁者負担 円 奨学金 円
Supporter in Japan Yen Scholarship Yen

その他 円
Others Yen

(2) 送金・携行等の別 Remittances from abroad or carrying cash

外国からの携行 円 外国からの送金 **150,000** 円
Carrying from abroad Yen Remittances from abroad Yen

(携行者 携行時期) その他 円
Name of the individual carrying cash Date and time of carrying cash Others Yen

(3) 経費支弁者 Supporter

① 氏名 **KOBE TARO**
Name

② 住所 **1-1, ROKKODAICHO, NADA-KU, KOBE-SHI,** 電話番号 **078-000-0000**
Address Telephone No.

③ 職業 (勤務先の名称) **KOBE UNIVERSITY** 電話番号 **078-000-0000**
Occupation (place of employment) Telephone No.

④ 年収 **10,000,000** 円
Annual income Yen

(4) 申請人との関係 (上記(1)で在外経費支弁者負担又は在日経費支弁者負担を選択した場合に記入)

Relationship with the applicant (Check one of the followings when your answer to the question 26(1) is supporter living abroad or Japan)

夫 妻 父 母 祖父 祖母 養父 養母
Husband Wife Father Mother Grandfather Grandmother Foster father Foster mother

兄弟姉妹 叔父(伯父)・叔母(伯母) 受入教育機関 友人・知人
Brother / Sister Uncle / Aunt Educational institution Friend / Acquaintance

友人・知人の親族 取引関係者・現地企業等職員
Relative of friend / acquaintance Business connection / Personnel of local enterprise

取引関係者・現地企業等職員の親族 その他
Relative of business connection / personnel of local enterprise Others

(5) 奨学金支給機関 (上記(1)で奨学金を選択した場合に記入)

Organization which provide scholarship (Check one of the following when the answer is scholarship)

外国政府 日本国政府 地方公共団体
Foreign government Japanese government Local government

公益社団法人又は公益財団法人 () その他 ()
Public interest incorporated association / Public interest incorporated foundation Others

If you select 'Scholarship' in "26 (1) Method of support to meet the expense while in Japan", please select the scholarship organization and fill out its name.

27 卒業後の予定 Plans after graduation

帰国 日本での進学
Return to home country Enter school of higher education in Japan

日本での就職 その他 ()
Find work in Japan Others

28 本邦における申請人の監護人(通学先が中学校又は小学校の場合に記入)

Actual guardian in Japan (Fill in the following if the applicant is to study at a junior high school or elementary school)

(1)氏名 (2)本人との関係
Name Relationship with the applicant

(3)住所
Address

電話番号 携帯電話番号
Telephone No. Cellular Phone No.

29 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 (2)本人との関係 受入機関職員
Name Relationship with the applicant

(3)住所 〒657-8501 神戸市灘区六甲台町1-1
Address

電話番号 078-803-5264 携帯電話番号
Telephone No. Cellular Phone No.

以上の記載内容は事実と相違ありません。 I hereby declare that the statement given above is true and correct.
申請人(代理人)の署名/申請書作成年月日 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, 署名すること。
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 (2)住所
Name Address

(3)所属機関等 電話番号
Organization to which the agent belongs Telephone No.