CURRICULUM VITAE

РНОТО

1. Name: / Family Name / C	Given Names (as shown in pass	Sex: M	F 3cm x 4cm		
2. Nationality:	Email Address:				
3. Date of Birth: / Year / Mon	/ Place of Birth:				
4. Address:		Phone No:			
5. Marital Status:	ingle 6. Occup	ation:			
7. Educational History: from Primary Educ	ation to the Current / Most-re	cent Institution Attended			
Name of Institution	Location Town / City	Date of Entrance	Date of Graduation		
8. Educational History of Japanese Lar	nguage: 🗌 Yes 🔲 N	lo			
Name of Institution	Location Town / City	Date of Entrance	Date of Completion		
9. Military Service: Yes No Period: to					
Year / Month / Day Year / Month / Day					
0. Employment History: Yes No Type of Work:					
Please fill the following in sequence of date.					
Name of Company / Organization	Location Town / City	Date of Employment	Date of Resignation		

11. Valid Passport: Yes	☐ No			
Passport No:	Issuin	g Authority:		
Valid from:Year	/ Month / Day	Year / Month / Day		
12. Past Entry into / Stay in Ja	apan: Yes No			
Date of Entry	Date of Departure	Visa Status	Purpose of Stay	
1.				
2.				
3.				
4.				
5. If there are any more record	ds of past entry or stay, pleas	e write in additional sheets		
· -	Student Pre-college Stude	ent Others) /	
14. Criminal Record (in Japan				
Yes (Details:) /	
15. Purpose of Studying in Japan: (Please write in detail)				

16. Plans after G	raduating						
Enter a sc	hool of higher educa	tion in Japan					
Name of f	aculty:						
Name of s	school:						
☐ Return to	my country						
Others:							
17. Family Resid	ing in My Country:						
Relationship	Name	е		С	Date of Birth	Name of Employme	ent / School
18 Have Family	Members Residing	in Janan or C	I	lent	s: Yes	I No	
Relationship	Name	Date of Birth	Nationa		To Reside with Applicant or not	Name of Employment / School	Status of Residence
					H		
				\dashv			
I hereby declare	that the above staten	nent is true ar	nd corre	ct.			
			Today'	's D	ate:		
						Year / Month / Da	ay
		Signa	ture:				

PAYMENT OF EXPENSE

TO THE MINISTER OF JUSTICE Nationality of the applicant: Name of the applicant: Birth date of the applicant: $_\mathsf{Sex} \ {\hfill} \ \mathsf{M} \ {\hfill} \ \mathsf{F}$ month year I will pay for the above applicant while he/she studies in Japan. I will explain the reason why I will pay for him/her and I will guarantee my payment. The reason why I will pay for him/her. (Please write the reason and the relationship 1. with the applicant in detail. 2. The detail of payment Ι, guarantee that I will pay as in the following way for the above applicant while he/she is in Japan. When the applicant applies for his/her extension of period of stay, I will submit a document to prove that I have made remittance to him/her. The document is either a certificate of remittance or a copy of my bank account with the record of remittance. 1. Tuition fee semiannually JPY 345.000 JPY 2. Living expenditure monthly 3. The way of payment (Please explain the way of payment or remittance in detail) The person responsible for payment: Name: Nationality: Address: Phone No.: Relationship to the applicant : Today's date: Signature:

To: Kazuko Fukabori

The President of College of Business and Communication

AFFIDAVIT TO THE PRESIDENT OF CBC

THE APPLICANT

Name	
Date of Birth	Nationality
Address	
Phone Number	

I, the guarantor of the applicant, hereby declare that I guarantee the following 1 to 4 and agree with 5 and 6.

- 1. The applicant will abide by all laws and regulations of Japan and not engage in any other activities than those authorized by immigration regulations while in Japan.
- 2. The applicant will abide by all rules and regulations of CBC and study with diligence.
- 3. I will assume responsibilities for the tuition fees, living expenses, traveling expenses to and from Japan and all other expenses if I am also the guarantor of payments.
- 4. As a student of CBC and also a mature adult, the applicant will assume responsibility for everything he/she does.
- 5. CBC does not bear responsibility for the followings.
 - *The damages caused by natural disasters, a fire, an unexpected accident, an epidemic or inevitability.
 - *The damages occurred by such things as theft, fraud, illness or injury.
 - *The damages occurred by such things as an act against laws and ordinances or public order and morals.
- 6. When an urgent treatment is required to the applicant and if CBC are unable to contact the guarantor, I entrust the judgment of a medical professional.

THE GUARANTOR

Name		
Date of Birth	Nationality	
Occupation	Annual Income	
Address		
Phone Number		
Name of Workplace		
Address of Workplace		
Phone Number of Workplace		
Relationship to Applicant		
Signature of Guarantor	Today's Date	