POWER OF ATTORNEY

委　　任　　状

Date:＿＿＿＿／＿＿＿＿／＿＿＿＿
日付　　*yyyy*／　*mm*　／　*dd*

To: The Mayor of Ashiya City
芦屋市長あて

【Mandator】：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
委任者　　（Surname first in BLOCK Capital letters）

Date of Birth (*y/m/d*):＿＿＿＿＿／＿＿＿＿＿／＿＿＿＿＿
生年月日

Address:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
住所

Signature of Mandator:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
署名　　(The mandator must fill in this form in person)

Seal

For following procedure, please stamp your registered personal seal.
・Seal registration
・Cancellation of seal registration

I hereby empower the person mentioned below to act as my attorney in regard to the following matter(s):
（委任事項）

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

【Attorney】
代理人

Address:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
住所

Name:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
氏名　　（Surname first in BLOCK Capital letters）

Date of Birth (*y/m/d*):＿＿＿＿＿／＿＿＿＿＿／＿＿＿＿＿
生年月日