

Application for a Registered Seal Certificate

		Year	Month	Day	
Name of the registered person		Number of Copies;			
Address	,Ozu Town Phone No. ()				
Date of Birth	Year	Month	Day		
Registration No.					
<p>I am applying as... (Please circle the number that applies to your application.)</p> <p>1 Myself 2 Representant (When applying on someone's behalf, please fill out the form below and attach a document proving the representation)</p> <p>Name _____ Phone Number; () _____</p> <p>Address _____</p> <p>To the Mayor of Ozu Town</p>				事務処理欄	
				作成	
				確認	
				枚数	枚
				手数料	円