

東地稅登証 第 号  
Date :

Chairman  
Japan Federation of Certified Public  
Tax Accountants' Associations

## Application for certificate

Applicant's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

I would be grateful if you would certify that the person stated below is registered in the List of Certified Public Tax Accountants and that his/her registration has not been withdrawn by application of the penal provisions of the Certified Public Tax Accountant Law.

The certificate will be used for, or submitted to; \_\_\_\_\_  
\_\_\_\_\_

### Particulars

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Registration number: \_\_\_\_\_

Date of registration: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Present address: \_\_\_\_\_

Office address: \_\_\_\_\_

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