

A frontal picture(40mm X 30mm) taken **within the past 3 months**. Including only the applicant, hatless and on a plain background. Write the applicant's name on the reverse side before you stick it here.

在留期間更新許可申請書

APPLICATION FOR EXTENSION OF PERIOD OF STAY

Please fill in "Hiroshima"

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

出入国管理及び難民認定法第21条第2項の規定に基づき、次のとおり在留期間の更新を申請します。
Pursuant to the provisions of Paragraph 2 of Article 21 of the Immigration Control and Refugee Recognition Act,
I hereby apply for extension of period of stay.

Photo

Birthday of your family member

1 国籍・地域 **Nationality of your family member** 2 生年月日
Nationality/Region Date of birth

3 氏名 **Name of your family member**

Please circle

4 性別 男・女
Sex Male/Female

5 出生地 **Birth place(Name of the country and the city) of your family member**

6 配偶者の有無 有・無
Marital status Married / Single

Please circle

7 職業 **Occupation of your family member** 国における居住地
Occupation Home town/city

Address (Name of the country and the city) of your family in home country

9 住居地 **Address in Japan**

電話番号
Telephone No.

携帯電話番号
Cellular phone No.

Passport number of your family member

Mobile phone number in Japan

10 旅券 (1)番号 **Passport number of your family member** (2)有効期限 **Date of Expiration for your family member's passport**

11 現に有する在留資格 **Dependent** 在留期間
Status of residence Period of stay
在留期間の満了日 年 月 日
Date of expiration Year Month Day

12 在留カード番号 **Check from your family's residence card**

13 希望する在留期間 **Desired length of extension of your family member ex.) 1 year** (ない場合があります。)
Desired length of extension

14 更新の理由 **ex.) To live with my family who is studying at Hiroshima University**

Please circle

15 犯罪を理由とする処分を受けたことの有無(日本国外におけるものを含む。) Criminal record (in Japan/overseas)
有(具体的内容)) ・ 無
Yes (Detail:) / No

16 在日親族(父・母・配偶者・子・兄弟姉妹など)及び同居者
Family in Japan(Father, Mother, Spouse, Son, Daughter, Brother, Sister or others) or co-residents

続柄	Fill in all of your family member in Japan		国籍・地域	同居	勤務先・通学先	在留カード番号 特別永住者証明書番号
Relationship	Name	Date of birth	Nationality/Region	Residing with applicant or not	Place of employment/ school	Residence card number Special Permanent Resident Certificate number
ex.) Spouse	○○○○ ○○○○	○○/○/○○	○○○	はい・いいえ Yes / No	Hiroshima University	○○○○○○○○
Son	○○○○ ○○○○	○○/○/○○	○○○	はい・いいえ Yes / No		○○○○○○○○
				はい・いいえ Yes / No		
				はい・いいえ Yes / No		
				はい・いいえ Yes / No		
				はい・いいえ Yes / No		

※ 16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 16, 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 16 for applications pertaining to "Trainee" or "Technical Intern Training".

申請人等作成用 2 R (「家族滞在」・「特定活動(研究活動等家族)」・「特定活動(EPA家族)」)

For applicant, part 2 R ("Dependent" / "Dependent who lives with their supporter

SAMPLE

在留期間更新・在留資格変更用

whose status is Designated Activities (Researcher or IT engineer / Nurse and Certified Careworker

For extension or change of status

17 婚姻, 出生又は縁組の届出先及び届出年月日

Authorities where marriage, birth or adoption was registered and date of registration

(1) 日本国届出先
Japanese authorities _____
届出年月日 _____ 年 月 日
Date of registration _____ Year _____ Month _____ Day _____

(2) 本国等届出先
Foreign authorities _____
届出年月日 _____ 年 月 日
Date of registration _____ Year _____ Month _____ Day _____

Fill either box (1) or (2) in accord with information on the marriage / birth certificate

18 滞在費支弁方法

Method of support

Please check "Relatives"

親族負担 Relatives 外国からの送金 Remittances from abroad 身元保証人負担 Guarantor
 その他 (Others)

Please circle

19 資格外活動の有無

Are you engaging in activities other than those permitted under the status of residence previously granted?

有・無
Yes / No

有の場合は, (1)から(4)までの各欄を記入

Fill in (1) to (4) when your answer is "Yes".

(1) 内容 Type of work _____
(2) 名称 Name _____ 支店・事業所名 Name of branch _____
電話番号 Telephone No. _____
(3) 週間稼働時間 Work time per week _____ 時間 Hour(s) _____ (4) 報酬 Salary _____ 円 (月額 日額)
Monthly Daily

Fill in if the family member is engaging in some part-time job

20 代理人(法定代理人による申請の場合に記入)

Legal representative (in case of legal representative)

(1) 氏名 Name _____ (2) 本人との関係 Relationship with the applicant _____
(3) 住所 Address _____
電話番号 Telephone No. _____ 携帯電話番号 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(法定代理人)の署名/申請書作成年月日

Signature of the applicant (legal representative) / Date of filling in this form

Signature of your family member and fill in the date of application

年 月 日
Year Month Day

注意 Attention

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(法定代理人)が変更箇所を訂正し, 署名すること。

In cases where descriptions have changed after filling in this application form up until submission of this application, the applicant (legal representative) must correct the part concerned and sign their name.

※ 取次者 Agent or other authorized person

(1) 氏名 Name _____ (2) 住所 Address _____
(3) 所属機関等(親族等については, 本人との関係) Organization to which the agent belongs (in case of a relative, relationship with the applicant) _____ 電話番号 Telephone No. _____

扶養者等作成用 1 R (「家族滞在」・「特定活動(研究活動等家族)」・「特定活動(EPA家族)」)

For supporter, part1 R ("Dependent" / "Dependent who lives with his or her supporter whose status is Designated Activities (Researcher or IT engineer, Nurse and Certified

SAMPLE

在留期間更新・在留資格変更用
For extension or change of status

1 扶養している家族(申請人)の氏名及び在留カード番号
Name and residence card number of the foreigner to be supported (applicant)

(1)氏名
Name **Write the name of your family member**

(2)在留カード番号
Residence card number **Write the Residence card number of your family member**

2 扶養者 Supporter

(1)氏名
Name **Fill in your own information**

(2)生年月日 年 月 日 (3)国籍・地域
Date of birth Year Month Day Nationality/Region

(4)在留カード番号
Residence card number

(5)在留資格 (6)在留期間
Status of residence Period of stay

(7)在留期間の満了日 年 月 日
Date of expiration Year Month Day

(8)申請人との関係(続柄) Relationship with the applicant
 夫 Husband 妻 Wife 父 Father 母 Mother
 養父 Foster father 養母 Foster mother その他() Others

(9)勤務先名称 Place of employment **Hiroshima University** 支店・事業所名 **Fill in the name of your school/graduate school**
Name of branch

(10)勤務先所在地 Address ※ (10)については、主たる勤務場所の所在地及び電話番号を記載すること。
For sub-items (10), give the address and telephone number of your principal place of employment.

Address of your school/graduate school

電話番号 Telephone **Telephone number of your school/graduate school (support office)**

(11)年収 Annual income 円 Yen **Fill in your annual income (scholarship, etc.)**

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.

扶養者の署名及び押印/申請書作成年月日(印がない場合は押印省略可)
Signature and seal of supporter or guarantor / Date of filling in this form (In cases of not possessing a seal, it is possible to omit it.)

Put your signature here and fill in the date of application

印 Seal 年 Year 月 Month 日 Day

注意 Attention

申請書作成後申請までに記載内容に変更が生じた場合、扶養者が変更箇所を訂正し、押印すること。
印がない場合は、変更箇所に署名すること。

In cases where descriptions have changed after filling in this application form up until submission of this application, the supporter or guarantor must correct the part concerned and press its seal on the correction.

In cases of not possessing a seal, sign the corrected part.