STATEMENT

I,, authorize Mr. / Ms	
(Visa Applicant)	(Printed Name)
who is (Relationship to Visa Applica	to apply for a visa and pick up my passport ant)
with the visa at the Consulate Gene	ral of Japan at Atlanta.
Signed by	(Visa Applicant)
Date	

(Notice: An agent needs to bring a photo ID when he / she applies for visas for his / her clients.)