

# Letter of Proxy

Year Month Date :        /        /

To the Mayor of Tokorozawa City

I hereby appoint the following person as Proxy to apply for and receive the Vaccination Certificate of COVID-19 on my behalf.

Delegator (Applicant)

Name :

Address :

Date of birth : (Y)            / (M)            / (D)

Proxy (Deputy / who can come to the counter)

Name :

Address :

Phone Number :

Relation to the Delegator :

## <Notes>

※ Please fill in all by delegator with an indelible ball point pen.

※ Please submit the original power of attorney with the application form, vaccination record and delegator's ID.  
Be sure to have a passport.

※ The proxy is required to bring your ID.

ID e. g. (Residence card, driver's license, health insurance card, passport, My Number card of japan, etc. )