



3. Please write the address where you can be contacted up until your departure for Japan. This information will be used as the primary point of contact between you and the Embassy or Consulate General. Please duly notify the Embassy or Consulate General of any changes to your address hereafter.

Permanent Address: _____ _____	
Tel: _____	Daytime Tel / Mobile: _____
Fax: _____	E-mail: _____
Temporary Address ① (in the case you will not be residing at your permanent address) From ____ / ____ / ____ to ____ / ____ / ____	
Address ① _____ _____	
Tel: _____	Daytime Tel / Mobile: _____
Fax: _____	E-mail: _____
Temporary Address ② (in the case you will not be residing at your permanent address) From ____ / ____ / ____ to ____ / ____ / ____	
Address ② _____ _____	
Tel: _____	Daytime Tel / Mobile: _____
Fax: _____	E-mail: _____

4. Please note only a legal spouse is eligible for a Dependent Visa. A fiancé(e) or someone of an equivalent status is not eligible for a Dependent Visa.

Will you be accompanied by your spouse/partner? Yes No N.A.  
 Is your spouse/partner also a new JET participant? Yes No Alternate  
 My (non-JET) spouse/partner will be coming... Later Together with me

5. Will your children be accompanying you? Yes No N.A.  
 My children will be coming... Later Together with me  
 Number of accompanying children: ( \_\_\_\_\_ )

6. Do you possess dual nationality with Japan? Yes No  
 In the case you possess dual nationality with Japan, have you already started the procedure to renounce your Japanese nationality? (If NO, you will be disqualified) Yes No

7. If you already have a valid passport, please write your passport number and expiration date, and attach a copy of your passport to this form (you only need to copy the page on which your name, passport number and expiration date are printed).

_____	DD      MM      YYYY /      /
Passport Number	Expiration Date

8. Do you have a valid visa to enter Japan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	DD      MM      YYYY /      /
Status	Expiration Date

PLEASE RETURN THIS FORM TO:.....

DEADLINE: .....