

在留期間更新許可申請書
APPLICATION FOR EXTENSION OF PERIOD OF STAY

法務大臣 殿
To the Minister of Justice

Write your name in the same alphabetic characters as shown on your passport



写真
Photo

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 back of the photo before you stick it here. (Please attach your image when you submit the application to FSSU.)

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.

1 国籍・地域 Nationality/Region **Australian** 2 生年月日 Date of birth **XXXX** 年 Year **X** 月 Month **X** 日 Day

3 氏名 Name **TOKYOIKASHIKA JOHNNY**

4 性別 Sex 男 Male 女 Female 5 配偶者の有無 Marital status 有 Married 無 Single

6 職業 Occupation **Student** 7 本国における居住地 Home town/city **Australia Sydney**

8 住居地 Address in Japan **X-XX Yushima, Bunkyo-ku, Tokyo**

9 電話番号 Telephone No. **None** 携帯電話番号 Cellular phone No. **090-XXXX-XXXX**

Write your address in home country. (Country name, City name).

10 旅券 (1) 番号 Passport Number **XX123456789** (2) 有効期限 Date of expiration **XXXX** 年 Year **X** 月 Month **X** 日 Day

11 現に有する在留資格 Status of residence **Student** 在留期間 Period of stay **1 year and 6 months**

在留期間の満了日 Date of expiration **XXXX** 年 Year **X** 月 Month **X** 日 Day

12 在留カード番号 Residence card number **HEXXXXXXXEA**

13 希望する在留期間 Desired length of extension **2 years** (審査の結果によって希望の期間とならない場合があります。) (It may not be as desired after examination.)

Please refer to your residence card.

14 更新の理由 Reason for extension **ex) To continue study (or research) at Tokyo Medical and Dental University.**

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) Yes (Detail: _____) 有 無 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
有 (「有」の場合は、以下の欄に在日親族及び同居者を記入してください。) No 有 無

続柄 Relationship	氏名 Name	生年月日 Date of birth	国籍・地域 Nationality/Region	同居の有無 Residing with applicant or not 有・無 Yes / No	勤務先名称・通学先名称 Place of employment/ school	在留カード番号 特別永住者証明書番号 Residence card number Special Permanent Resident Certificate number
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 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".

17 通学先 Place of study

(1) 名称 **Tokyo Medical and Dental University**
Name of school

(2) 所在地 **1-5-45, Yushima Bunkyo-ku, Tokyo** (3) 電話番号 **03-3813-6111**
Address Telephone No.

(18及び19は在留資格変更許可申請又は進学若しくは転学の場合に記入)
(Fill in 18 and 19 in case of applying for a change of status, going to a higher school or changing your school)

Fill in 18, 19 in case of applying for higher education or changing the school.

18 修学年数 (小学校～最終学歴) 年
Total period of education (from elementary school to last institution of education) Years

19 最終学歴 (又は在学中の学校) Education (last school or institution) or present school

(1) 在籍状況 卒業 在学中 休学中 中退
Registered enrollment Graduated In school Temporary absence Withdrawal

大学院 (博士) 大学院 (修士) 大学 短期大学 専門学校
Doctor Master Bachelor Junior college College of technology

高等学校 中学校 小学校 その他 ()
Senior high school Junior high school Elementary school Others

(2) 学校名 (3) 卒業又は卒業見込み年月 年 月
Name of the school Date of graduation or expected graduation Year Month

20

No need to fill in 20 and 21.

21

Fill in the monthly average amount. (Tuition and living expenses.)

If you have income from part-time job, please write the amount here and 24(3). As we need to prepare an attachment for you, please also let us know how much you have in your savings account.

22 滞在費の支弁方法等 (生活費、学費及び家賃等全てについて記入すること。) ※複数選択可
Method of support to pay for expenses while in Japan (fill in with regard to living expenses, tuition and rent) * multiple answers possible

(1) 支弁方法及び月平均支弁額 Method of support and an amount of support per month (average)

本人負担 円 在外経費支弁者負担 **100,000** 円
Self Yen Supporter living abroad Yen

在日経費支弁者負担 円 奨学金 円
Supporter in Japan Yen Scholarship Yen

その他 円
Others Yen

(2) 送金・携行等の別 Remittances from abroad or carrying cash

外国からの携行 円 外国からの送金 **1,200,000/year** 円
Carrying from abroad Yen Remittances from abroad Yen

(携行者 携行時期) その他 円
Name of the individual carrying cash Date and time of carrying cash Others Yen

(3) 経費支弁者 (複数人いる場合は全てについて記載すること。) ※任意様式の別紙可
Supporter (if there is more than one, give information on all of the supporters) * another paper may be attached, which does not have to use a prescribed format.

Carrying from abroad: Fill in the total amount of past one year. Please also fill in Name of the individual and Date and time of carrying cash. Remittances from abroad: Fill in annual or monthly amount.
(ex: 1,200,000 / year or 100,000 / month)

If you receive money through Pay Union, fill in annual or monthly amount in Others and write down Pay Union in the space below.

Fill in if you have chosen "Supporter living abroad" or "Supporter in Japan" for 22(1). If you have chosen both, you need to provide information for all the supporters. If the supporter has no income, double cross out "Annual Income" and write down "Savings" and how much the supporter has in his or her savings account.

① 氏名 **TOKYOIKASHIKA JOHN**
Name

② 住所 **XXX Cumberland Street, The Rocks, NSW** 電話番号 **00-XX**
Address **2000, Sydney** Telephone No.

③ 職業 (勤務先の名称) **Manager/ABC Company** 電話番号 **XX-00**
Occupation (place of employment) Telephone No.

④ 年収 **5,000,000** 円
Annual income Yen

Select the appropriate item if you have chosen "Supporter living abroad" or "Supporter in Japan" for 22(1).

(4) 申請人との関係 (上記(1)で在外経費支弁者負担又は在日経費支弁者負担を選択した場合に記入)

Relationship with the applicant (Check one of the followings when your answer to the question 22(1) is supporter living abroad or supporter in Japan)

- 夫 Husband, 妻 Wife, 父 Father, 母 Mother, 祖父 Grandfather, 祖母 Grandmother, 養父 Foster father, 養母 Foster mother, 兄弟姉妹 Brother/Sister, 叔父(伯父)・叔母(伯母) Uncle/Aunt, 受入教育機関 Educational institute, 友人・知人 Friend/Acquaintance, 友人・知人の親族 Relative of friend/acquaintance, 取引関係者・現地企業等職員 Business connection/Personnel of local enterprise, 取引関係者・現地企業等職員の親族 Relative of business connection/personnel of local enterprise, その他 Others

Select the organization if you have chosen "Scholarship" for 22(1).

(5) 奨学金支給機関 (上記(1)で奨学金を選択した場合に記入) ※複数選択可

Organization which provide scholarship (Check one of the following when the answer to the question 22(1) is scholarship)* multiple answers possible

- 外国政府 Foreign government, 日本国政府 Japanese government, 地方公共団体 Local government, 公益社団法人又は公益財団法人 Public interest incorporated association/foundation, その他 Others

If you have a part-time job, please circle "yes" and fill in (1) to (4).

23 資格外活動の有無

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

有の場合は、(1)から(4)までの各欄を記入(複数ある場合は全て記入すること) ※任意様式の別紙可 Fill in (1) to (4) when your answer is "Yes". (Give the information for all of the companies if the applicant works for multiple companies)*another paper may be attached, which does not have to use a prescribed format.

有・無 Yes/No

(1) 内容

Type of work

Cashier

(2) 勤務先名称

Place of employment

OO Convenience Store

電話番号

Telephone No.

03-XXXX-XXXX

(3) 週間稼働時間

Work time per week

15

時間

Hour(s)

(4) 報酬

Salary

70,000

円

Yen

(月額 日額)

Monthly

Daily

24 卒業後の予定 Plan after graduation

- 帰国 Return to home country, 日本での進学 Enter a school of higher education in Japan, 日本での就職 Find work in Japan, その他 Others

Please select the item that best describes your plan at the time when filing the application.

25 No need to fill in 25 and 26. 26

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

Please don't forget to sign here.

年 月 日 Year Month Day

注意 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。 Attention 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.

No need to fill in.