

<div> <div> Personal Statement </div> <div> *to write in English only </div> </div>				<div> <div> </div> <div> </div> </div>	
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Name of Applicant	(original language)	Date of Birth		Name of the law office the applicant intends to work	
	(Alphabet)	Nationality			
Contact Point in Japan for procedural purposes		Passport-related information		Name of Bar Association, which you intend to join in Japan	
Postal Code 〒		Number			
Address		Date of Issue			
Tel		Issuing Authority		Specified foreign law that the applicant simultaneously applies for designation	
Fax		Date of Expiration		Other qualifications of the applicant which are not applied for approval or designation	
email					
For the attention of :					
Final academic background as a basis for qualification	Name of School Name of Faculty		Graduation date Academic degree/title earned		
Matters of exam	Assertions	Certification method and evidentiary material(s)		Notes	
Name of Applicant	As mentioned above	<input type="checkbox"/> Passport <input type="checkbox"/> Residence card, Special Permanent Resident Cetificate <input type="checkbox"/> Other certificate(such as a certificate of all matters registered in the family register) Date of Issue Issued by			
Date of Birth					
Nationality					
Legal Qualification/ Admission	Jurisdiction of Primary Qualification (state, province, etc.)	<input type="checkbox"/> Qualification certificate Date of issuance Issued by		<input type="checkbox"/> Document attached to certify that the qualification has some limitations	
	Name of Primary Qualification original language	<input type="checkbox"/> Qualification certificate Date of Issue Issued by		<input type="checkbox"/> Document attached to describe applicable provisions of the legislation that governs their qualification	
	Alphabet	<input type="checkbox"/> Qualification certificate Date of Issue Issued by		<input type="checkbox"/> Detailed written statement attached to explain the disciplinary punishment imposed	
	Date of obtaining the qualification	<input type="checkbox"/> Written statement on disciplinary punishment As stated in Attachment <input type="checkbox"/> Written statement or materials, if the applicant does not have a certificate of their qualification		<input type="checkbox"/> Verification statement (a document to explain evidence) attached	
	Qualifying Authority				
Professional Experience (in the Jurisdiction of Primary Qualification)	Period (1) Experience in total	<input type="checkbox"/> Certificate (1) Date of issuance Issued by		<input type="checkbox"/> Experience period included [experience period certified in the Jurisdiction of Primary Qualification]	
	Period				
	Work pattern				
	Name of Office				
	Office location				
	Status at that time			<input type="checkbox"/> Detailed statement attached to explain in the case that the "work pattern" falls under "others"	

Professional Experience (in the Jurisdiction of Primary Qualification)	<p>period (2) Experience in total _____</p> <p>Period _____</p> <p>Work pattern <input type="checkbox"/> Independent practice <input type="checkbox"/> Joint management <input type="checkbox"/> Employee <input type="checkbox"/> The government or private enterprise, or others</p> <p>Name of Office _____</p> <p>Office location _____</p> <p>Status at that time _____</p>	<p><input type="checkbox"/> Certificate (2) Date of issuance _____</p> <p>Issued by _____</p> <p><input type="checkbox"/> Other Professional Experience is shown in an attached document.</p>	<p><input type="checkbox"/> Certificate of Professional Experience other than (1) and (2)</p>
Professional Experience (in third jurisdiction(s))	<p>period (3) Experience in total _____</p> <p>Period _____</p> <p>Work pattern <input type="checkbox"/> Independent practice <input type="checkbox"/> Joint management <input type="checkbox"/> Employee <input type="checkbox"/> The government or private enterprise, or others</p> <p>Name of Office _____</p> <p>Office location _____</p> <p>Status at that time _____</p> <p>period (4) Experience in total _____</p> <p>Period _____</p> <p>Work pattern <input type="checkbox"/> Independent practice <input type="checkbox"/> Joint management <input type="checkbox"/> Employee <input type="checkbox"/> The government or private enterprise, or others</p> <p>Name of Office _____</p> <p>Office location _____</p> <p>Status at that time _____</p>	<p><input type="checkbox"/> Certificate (3) Date of issuance _____</p> <p>Issued by _____</p> <p><input type="checkbox"/> Certificate (4) Date of issuance _____</p> <p>Issued by _____</p> <p><input type="checkbox"/> Other Professional Experience is shown in an attached document.</p> <p><input type="checkbox"/> Certificate on qualification, registration, or other lawful activities in a third nation _____</p> <p>① Date of Issue _____</p> <p>Issued by _____</p> <p>② Date of issue _____</p> <p>Issued by _____</p> <p><input type="checkbox"/> Written statement or materials, if the applicant does not have a certificate of their lawful activities in such third jurisdiction(s)</p>	<p><input type="checkbox"/> Professional Experience period included [as certified in third county(ies)]</p> <p>Year(s) _____</p> <p>Month(s) _____</p> <p><input type="checkbox"/> Detailed statement attached to explain in the case that the "work pattern" falls under "others"</p> <p><input type="checkbox"/> Certificate of Professional Experience other than (3) and (4)</p> <p><input type="checkbox"/> Inventory of Evidence with documents to explain evidence attached</p>
Professional Experience (In Japan)	<p>period (5) Experience in total _____</p> <p>Period _____</p> <p>Work pattern <input type="checkbox"/> Providing labor services</p> <p>Name of Office _____</p> <p>Office location _____</p> <p>Employer's name _____</p> <p>Status at that time _____</p> <p>period (6) Experience in total _____</p> <p>Period _____</p> <p>Work pattern <input type="checkbox"/> Providing labor services</p> <p>Name of Office _____</p> <p>Office location _____</p> <p>Employer's name _____</p> <p>Status at that time _____</p>	<p><input type="checkbox"/> Certificate (5) Date of issuance _____</p> <p>Issued by _____</p> <p><input type="checkbox"/> Certificate (6) Date of issuance _____</p> <p>Issued by _____</p> <p><input type="checkbox"/> Other Professional Experience is shown in an attached document. If you need to addition.</p>	<p><input type="checkbox"/> Aggregated Total in Japan</p> <p>year(s) _____</p> <p>and month(s) _____</p>

Total Period of Professional Experience	The total period asserted _____	As evidenced _____	
Grounds for the disqualification	The applicant does not fall under any disqualification cause as mentioned in Formats 2, 3, and 4, as attached		
the will to perform professional duties faithfully	<input type="checkbox"/> Document in which they pledge (Sworn Statement) (at the time of application for approval)		
Activity period	Scheduled activity period _____	The number of days for scheduled overseas activities _____ days	<input type="checkbox"/> Stay in Japan for more than 180 days per year
Work pattern	<input type="checkbox"/> Employee <input type="checkbox"/> Outline of the employer's office is stated in an attached document. <input type="checkbox"/> The applicant's business plan and financial basis are stated in the right column. <input type="checkbox"/> Future activity plan and other special matters As stated in the Attachment.	<input type="checkbox"/> Employment contract or other document clearly describing employment conditions. Prepared on _____ Prepared by _____ <input type="checkbox"/> Lease agreement or other document on securing the office. Prepared on _____ Prepared by _____ <input type="checkbox"/> Audit report or other document on the employer's financial basis. Prepared on _____ Prepared by _____	<input type="checkbox"/> Document attached to describe the outline of the office <input type="checkbox"/> Certificate attached on employment contract, the employer's financial basis, or securing the office. <input type="checkbox"/> Written oath attached on citing other accompanying document(s) for application for approval.
	<input type="checkbox"/> Independent practice <input type="checkbox"/> The applicant's business plan and financial basis are stated in the right column. <input type="checkbox"/> Location and name of the office <input type="checkbox"/> Estimated annual operating cost for the office JPY _____ <input type="checkbox"/> Future activity plan and other special matters As stated in the Attachment.	<input type="checkbox"/> Lease agreement or other document on securing the office. Prepared on _____ Prepared by _____ <input type="checkbox"/> Document on business plan Prepared on _____ Prepared by _____ <input type="checkbox"/> Document on incorporation (start-up) funds and other financial basis Prepared on _____ Prepared by _____ Outline of Certification	<input type="checkbox"/> Document attached to explain secure of the office (a written contract etc.) <input type="checkbox"/> Document attached on business plan <input type="checkbox"/> Document on incorporation (start-up) funds attached
	<input type="checkbox"/> Joint management/Foreign law joint enterprise (Please circle the applicable one.) <input type="checkbox"/> The applicant's business plan and financial basis are stated in the right column. <input type="checkbox"/> Location and name of the office <input type="checkbox"/> Estimated annual operating cost for the office JPY _____ <input type="checkbox"/> other special matters As stated in the Attachment.	<input type="checkbox"/> Written agreement or other document describing joint management's(or foreign law joint enterprise's) contract terms Prepared on _____ Prepared by _____ <input type="checkbox"/> Lease agreement or other document on securing the office. Prepared on _____ Prepared by _____ <input type="checkbox"/> Document on incorporation (start-up) funds and other financial basis Prepared on _____ Prepared by _____	<input type="checkbox"/> Written agreement or other document attached to certify the joint management's(or foreign law joint enterprise's)conditions, such as distribution of revenues and expenditures (contract, etc.) <input type="checkbox"/> Document attached to explain securing the office (a written contract etc.) and document on incorporation (start-up) funds attached <input type="checkbox"/> Document on other special matters attached

Work pattern	<input type="checkbox"/> Others <input type="checkbox"/> The applicant works for a certain company and only engages in legal affairs for such company. <input type="checkbox"/> Establish your own office while working for the legal affairs section in a company <input type="checkbox"/> Other <input type="checkbox"/> Location and name of the office <input type="checkbox"/> other special matters As stated in the attached document(s)	<input type="checkbox"/> Employment contract or other document clearly describing employment conditions. Prepared on _____ Prepared by _____ <input type="checkbox"/> Document on incorporation (start-up) funds and other financial basis Prepared on _____ Prepared by _____ <input type="checkbox"/> Document on business plan or other work patterns regarding arrangement Prepared on _____ Prepared by _____	<input type="checkbox"/> Certificate attached on employment contract, the employer's financial basis <input type="checkbox"/> Document attached to explain securing the office (a written contract etc.) and document on incorporation (start-up) funds attached <input type="checkbox"/> Document attached regarding any other work patterns arrangement
Residence	<input type="checkbox"/> Address <input type="checkbox"/> Method of securing your residence As attached	<input type="checkbox"/> Lease agreement or other document on securing the residence Prepared on _____ Prepared by _____ <input type="checkbox"/> Document guaranteeing scheduled securing the residence Prepared on _____ Guaranteed by _____ <input type="checkbox"/> Other certificates Prepared on _____ Guaranteed by _____	<input type="checkbox"/> Lease agreement or other document on securing the residence; attached <input type="checkbox"/> Document attached to guarantee securing your residence <input type="checkbox"/> Document attached to certify any other relevant matter
Professional Liability Compensation the ability to compensate for damages	The applicant has the insurance/guarantee for compensating for possible damages as follows. <input type="checkbox"/> Domestic professional liability insurance <input type="checkbox"/> Lawyer's liability insurance by the applicant personally <input type="checkbox"/> Insurance by applicant's office <input type="checkbox"/> Guarantee of domestic office in Japan <input type="checkbox"/> Document certifying the office's assets <input type="checkbox"/> Certificate issued by C.P.A. <input type="checkbox"/> The office's latest Balance Sheet <input type="checkbox"/> Insurance/guarantee of law firm in the home nation / Foreign headquarter <input type="checkbox"/> Document certifying the office's assets <input type="checkbox"/> Certificate issued by C.P.A. <input type="checkbox"/> The headquarters' latest balance sheet <input type="checkbox"/> Other certification method <input type="checkbox"/> Written statement on professional liability compensation for damages	<input type="checkbox"/> Document certifying the ability for compensation for damages Prepared on _____ Prepared by _____ <input type="checkbox"/> Document certifying the ability for compensation for damages Prepared on _____ Prepared by _____ <input type="checkbox"/> Document certifying the ability for compensation for damages Prepared on _____ Prepared by _____	<input type="checkbox"/> Copy of certificate attached to describe the insurance coverage <input type="checkbox"/> Document attached to certify any other relevant matter
Reciprocity principle	Is the Jurisdiction of Primary Qualification a WTO member state? <input type="checkbox"/> Yes <input type="checkbox"/> NO	<input type="checkbox"/> Document certifying the reciprocity in the case that the jurisdiction is not a member state of WTO	

I hereby provide my personal statement as mentioned above. Evidentiary materials that serve as proof for the descriptions herein are stated in the corresponding columns and are true and correct.

Applicant

Date _____ Name in full _____
(Print)