

Power of Attorney

Date:

I, _____, (applicant) hereby appoint
_____ (substitute) as attorney for submitting
required documents for a visa application at the Consulate-General of Japan.

Applicant

Name:

Address:

Telephone:

Substitute

CIBT

Name:

1600 International Drive

Suite 600

Address:

McLean, VA 22102

Telephone:

800-929-2428

Signature of Applicant _____