

Embassy of Japan  
Consular Section  
2520 Massachusetts Ave., N.W.  
Washington, D.C. 20008

## PRIOR VISA CANCELLATION FORM

I acknowledge that my previous VISA in my passport will be canceled and a new VISA will be issued in my passport.

Print Name	
Passport Number	
VISA# Number to be cancelled	
Home Address	
Phone Number	

Please sign in agreement of cancelling the above VISA.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_