Hokkaido Foreign Resident Support Center

**Advance Registration Form for Specialty Consultations**

**「＊」**Required information.

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| --- | --- | --- | --- | --- |
| * Date of Application
 |  | **＊** Preferred Time ① | 10/31/2019 | : |
| Preferred Location | Asahikawa International Center | * Preferred Time ②
 | 10/31/2019 | : |
| * Name
 |  | **＊** Preferred Language (Japanese level) |  |
| * Contact Info
 | TEL:E-mail: | 　Residence Status |  |
| Current Address | 〒 |
| Type of Consultation | [ ]  Legal consultation（Lawyer, etc.）[ ]  Check if you need an interpreter.[ ]  Administrative procedure consultation (Certified administrative procedures legal specialist, etc.)[ ]  Other (certified accountant, certified social worker, etc.) |
| The more information we have prior to your consultation may help us to arrive at a solution in less time, so please be as detailed as possible regarding your inquiry. ※Please write in Japanese, English, Chinese (Traditional or Simplified), Korean, Vietnamese, or Tagalog. ≪ Inquiry Details ≫  |
| **≪PLEASE READ – REGARDING HANDLING OF PERSONAL INFORMATION≫**Depending on the content of the inquiry, it may be necessary to share the client’s personal information with a certified specialist. Personal information will not be used for any other purpose outside of consultation services. *(This is a translation of Japanese and is for reference purposes only.)* | 【CHECK】 |
| I have read and understood the handling of personal information. | [ ]  |

**After filling out this form, please submit it by either email or FAX by October 30, 2019.**

E-mail: support@hiecc.or.jp　 FAX: 011-221-7845