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](mailto:support@hiecc.or.jp)　 FAX: 011-221-7845