

How to fill out the form [for an organization].

[For Organization 1]

所属機関等作成用 1 M (「高度専門職(1号ハ)」・「高度専門職(2号)」・「経営・管理」)
(変更申請の場合のみ)

在留期間更新・在留資格変更用
For extension or change of status

For organization, part 1 M ("Highly Skilled Professional(i)(c)" / "Highly Skilled Professional(ii)" (only in cases of change of status) / "Business Manager")

1 経営を行い又は管理に従事する外国人の氏名及び在留カード番号 Name and residence card number of foreign national who is to engage in management of business	
(1)氏名 Name	(2)在留カード番号 Residence card number
2 契約の形態 Form of contract <input type="checkbox"/> 雇用 Employment <input type="checkbox"/> 委任 Delegation <input type="checkbox"/> 請負 Contract agreement <input type="checkbox"/> その他() Others	
3 勤務先 Place of employment ※(6)及び(11)については、主たる勤務場所について記載すること。 For sub-items (6) and (11) give the address and telephone number of employees of your principal place of employment. ※非営利法人の場合は(7)～(10)の記載は不要。 In cases of a nonprofit corporation, you are not required to fill in sub-items (7) to (10).	
(1)名称 Name	(2)法人番号(13桁) Corporation no. (combination of 13 numbers and letters)
(3)支店・事業所名 Name of branch	
(4)雇用保険適用事業所番号(11桁) ※非該当事業所は記入省略 Employment insurance application office number (11 digits) *If not applicable, it should be omitted.	
(5)業種 Business type ○主たる業種を別紙「業種一覧」から選択して番号を記入(1つのみ) Select the main business type from the attached sheet "a list of business type" and write the corresponding number (select only one) ○他に業種があれば別紙「業種一覧」から選択して番号を記入(複数選択可) If there are another other business types, select from the attached sheet "a list of business type" and write the corresponding number (multiple answers possible) (注意) Attention 別紙「業種一覧」の1～45,47から選択してください。 Please select from 1 to 45 and 47 on the attached "a list of business type."	
(6)所在地 Address	電話番号 Telephone No.
(7)資本金 Capital	(8)年間売上高(直近年度) Annual sales (latest year)
(9)法人税納付額 Amount of corporate income tax	(10)申請人の投資額 Amount of applicant's investment
(11)常勤従業員数 Number of full-time employees	(申請人が経営を開始する場合にのみ記載) (To be filled in only, if the applicant is to commence management of business)
(うち日本人、特別永住者又は「永住者」、日本人の配偶者等、 「永住者の配偶者等」若しくは「定住者」の在留資格を有する者) (Number of Japanese, Special Permanent Resident or foreign nationals who have the status of residence "Permanent Resident", "Spouse or Child of Japanese National", "Spouse or Child of Permanent Resident" and "Long Term Resident" among all full-time employees)	
4 職種 Occupation ○主たる職種を別紙「職種一覧」から選択して番号を記入(1つのみ) Select the main type of work from the attached sheet "a list of occupation", and fill in the number (select only one) ○他に職種があれば別紙「職種一覧」から選択して番号を記入(複数選択可) If there is any other kind of work, select from "a list of occupation", and fill in the number (more than one answer may be selected) (注意) Attention 別紙「職種一覧」の1～2,999から選択してください。 Please select from 1 to 2 and 999 on the attached "a list of occupation."	
5 活動内容詳細 Details of activities	
6 就労予定期間 (申請人が管理者の場合にのみ記載) Period of work (Only fill in this section if the applicant is an administrator) <input type="checkbox"/> 定めなし Non-fixed <input type="checkbox"/> 定めあり Fixed (期間) (年) (月) Period Year Month	
7 給与・報酬(税引き前の支払額) ※ 各種手当(通勤・住宅・扶養等)・実費弁償の性格を有するものを除く。 Salary/Reward (amount of payment before taxes) Excludes various types of allowances (commuting/housing/dependents, etc.) and personal expenses. 円 (<input type="checkbox"/> 年額 <input type="checkbox"/> 月額) Yen (Annual Monthly)	
8 職務上の地位(役職名) Position/Title	
9 事業所の状況 Office (1)面積 Area (2)保有の形態 Type of possession <input type="checkbox"/> 保有 Ownership <input type="checkbox"/> 賃貸(家賃/月) Lease (rent / month)	
以上の記載内容は事実と相違ありません。 I hereby declare that the statement given above is true and correct. 所属機関等契約先の名称、代表者氏名の記名 / 申請書作成年月日 Name of the contracting organization such as the organization of affiliation and representative of the organization / Date of filing in this form	
年 月 日 Year Month Day	
注意 Attention 申請書作成後申請までに記載内容に変更が生じた場合、所属機関等が変更箇所を訂正すること。 In cases where descriptions have changed after filing in this application form up until submission of this application, the organization must correct the changed part.	