**ANNEX 2**

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|  | **The 1st Meeting of APT Preparatory Group for WTSA-20 (APT WTSA20-1) and**  **31st APT Standardization Program Forum (ASTAP-31)**  11-15 June 2019, Tokyo, Japan | |
| **VISA SUPPORTING LETTER REQUEST FORM** | | |
| **PERSONAL INFORMATION:** | | |
| First Name (Mr./ Ms./ Mrs./ Dr.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administration/Organization  Present Post (Title)  Business Address (PO BOX not allowed)  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Where you live)  Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **PASSPORT INFORMATION:** | | |
| Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality  Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth  Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of getting visa | | |
| **FLIGHT INFORMATION:** | | |
| Arrival Flight No.  Arrival Date Arrival Time  Arrival Airport **🖵** Narita Airport **🖵** Haneda Airport **🖵** Other (airport name: )  Departure Flight No.  Departure Date Departure Time  Departure Airport **🖵** Narita Airport **🖵** Haneda Airport **🖵** Other (airport name: ) | | |
| **HOTEL INFORMTION:** | | |
| Hotel Name  Hotel address  Phone No.  \* This information is NOT for hotel reservation, but NECESSARY for schedule of stay in VISA support documents. | | |
| Signature. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date | | |
| NOTE: Please use CAPITAL LETTERS to complete the form and return it to:  **Visa Support Team for WTSA20-1/ASTAP-31** (Do not send it to the APT Secretariat)  with the subject of E-mail "WTSA20-1/ASTAP-31 Visa Support"  Email: [hostsec-visa@ml.soumu.go.jp](mailto:hostsec-visa@ml.soumu.go.jp) | |