

# Agreement for Defraying Expenses

To President of Kansai Medical University

Applicant's Nationality \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male / Female (Circle one)  
(Year / month / date)

I agree to defray the costs and expenses of the applicant mentioned above in the event of his/her entry to and during his/her period of residence in Japan.

1. Detailed explanation of the circumstances under which I agreed to defray the applicant's costs and my relationship to the applicant are as follows:

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2. Particulars of Agreement

As I indicated below, I \_\_\_\_\_ (the "Defrayer"), hereby assume and agree to bear costs and expenses incurred by the above applicant concerning his/her stay in Japan.

Further, I submit documents, such as photocopies of proof of telegraphic transfer or the applicant's bank account book, which would indicate my remittance to the applicant and hence substantiate defrayal of the applicant's expenses.

(1) Living expenses: Monthly amount of \_\_\_\_\_ Japanese yen

(2) Method of payment (e.g. bank transfer, money order, etc.) is as follows:

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\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(year / month / date)

Defrayer:

Address (including postal code): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to the Applicant: Myself / ( \_\_\_\_\_ )

(If the applicant will defray the costs and expenses by himself/herself, please check "Myself".)