**Agreement for Defraying Expenses**

**To the President of Kansai Medical University**

**Applicant’s information**

Nationality

Full name

Date of birth / /

(Year /month/ date)

Sex Male / Female

I agree to defray the costs and expenses of the above mentioned applicant

in the event of his/her entry to and during his/her period of residence in Japan as follows.

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. Contents of the Agreement for Defraying Expenses

As indicated below, I hereby assume and agree to bear costs and expenses incurred by the above applicant

concerning his/her stay in Japan.

(1) Living expenses: Monthly amount of Japanese yen

(2) Method of payment (e.g. bank transfer, money order, etc.)

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/ /

(year / month / date)

Defrayer:

Postal code:

Address:

Telephone number:

Signature:

Relationship to the applicant: myself　　/　　( )

(If the applicant will defray the costs and expenses by himself/herself, please circle “myself”.)