

Sample

Reg.No. _____

Entry Form for

"Juntos!! Japan-Latin America and the Caribbean Exchange Program"
Inbound for 7 Countries of Central America

1. Personal Information

* Please fill in the form in BLOCK LETTERS in English.

Photo (taken within 3 months) Please write your name on the back of your photo.	Full Name (Exactly the same as your passport)			
	First Name	Family Name	Middle Name	
	JAMES	SMITH	JOHN	
	Date of Birth (DD / MM / YYYY)	31/12/1994	Age (as of the departure day)	23
	Nationality	BRITHSH	Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
Religion (optional)	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Buddhist <input checked="" type="checkbox"/> Christian (<input type="checkbox"/> Roman Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Other) <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Others ()			
Mother Language	ENGLISH			
Passport**	Number		Type of Passport	
	A123456		<input checked="" type="checkbox"/> Private <input type="checkbox"/> Diplomat <input type="checkbox"/> Official (※Only for Barbados <input checked="" type="checkbox"/> MRP <input type="checkbox"/> Not MRP)	
	Date of Issue (DD / MM / YYYY)		Expiration Date (DD / MM / YYYY)	
	31/12/2015		31/12/2020	
Request for Departure Port	LONDON HEATHROW		<input checked="" type="checkbox"/> International Airport <input type="checkbox"/> Domestic Airport	
Social Media User Name(s) *on a voluntary basis	Facebook	Twitter	Instagram	Others
	JAMES SMITH	JAMES J. SMITH	JAMES J. SMITH	
※MOFA and JTB might use your postings related to Juntos!! through above mentioned SNS in our reports and website, that will possibly be open to the public.				
Current Address	Address :			
	123 JTB ROAD, LONDON AA1A 1AA UNITED KINGDOM			
	Tel : +44-(20)-1234-5678		Fax : +44-(20)-1234-6789	
	Mobile : +44-(50)-1234-5678			
	E-mail : j.smith@jtb-japan.co.uk			
*If you don't have a phone at your current address, please write a contact person and number.	Name :	Phone Number :	E-mail :	
Contact Person in case of Emergency *It shall be your parent/guardian/spouse. *If you live with him/her, please leave address blank.	Full Name :		Relationship :	
	PAUL GEORGE SMITH		FATHER	
	Address :			
	123 JTB ROAD, LONDON AA1A 1AA UNITED KINGDOM			
	Tel : +44-(20)-1234-5678		Fax : +44-(20)-1234-6789	
	Mobile : +44-(50)-1234-5678			
	E-mail : p.smith@jtb-japan.co.uk			
Profession/Occupation :		Public officials		

2. Health Condition

* Please fill in the form in BLOCK LETTERS in English.

Blood Type (optional)	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> I don't-know	
Health Condition (optional)	Please declare any health or physical conditions that may affect your participation in any way. This is for the purpose of creating a program that will best accommodate you and will remain strictly confidential.	
Medicine *required due to strict customs laws	<input checked="" type="checkbox"/> Not taking any medicine <input type="checkbox"/> Taking medicine regularly (Specify: _____)	
Food Allergies (only for physical reason)	<input checked="" type="checkbox"/> none <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> Milk <input type="checkbox"/> nuts <input type="checkbox"/> others (_____) ※For my allergy, also need to avoid extracts of the ingredients chosen above. <input type="checkbox"/> YES <div> <div>Details of Food Allergy (symptoms, severity, treatment method)</div> <div></div> </div>	
Food Restriction (for religion or custom reason)	<input checked="" type="checkbox"/> none <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Halal <input type="checkbox"/> pork <input type="checkbox"/> beef <input type="checkbox"/> chicken <input type="checkbox"/> mutton/lamb <input type="checkbox"/> shrimp <input type="checkbox"/> crab <input type="checkbox"/> shellfish <input type="checkbox"/> fish <input type="checkbox"/> egg <input type="checkbox"/> nuts <input type="checkbox"/> others (_____) *Please be noted that the meals provided in the program cannot meet all the requests from the participants.	
Other Allergies and Restriction	<input checked="" type="checkbox"/> none <input type="checkbox"/> dogs <input type="checkbox"/> cats <input type="checkbox"/> house dust <input type="checkbox"/> others (_____)	
Smoking Habit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ※Smoking is prohibited by Japanese Law if you are under the age of 20. ※JTB makes use of this information only for the homestay arrangement.	

3. Organization

* Please fill in the form in BLOCK LETTERS in English.

Information of your Organization	Name of Organization		Location: (city, province)
	JAPAN TRAVEL BUREAU (LONDON) Inc.		LONDON
	Field of Department		
	Outbound Division Sales Division 1		
	Title/Position	Sales Manager	
Tel : +44-(20)-1234-5555		Fax : +44-(20)-1234-6666	

4. Expectations

* Please fill in the form in BLOCK LETTERS in English.

Please describe your expectation by participating in this program.	
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5. Other Information

* Please fill in the form in BLOCK LETTERS in English.

Have you ever been to Japan before?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
If Yes, your visit was financed by	<input checked="" type="checkbox"/> Yourself			
	<input type="checkbox"/> Japanese government <input type="checkbox"/> JICA <input type="checkbox"/> Japan Foundation <input type="checkbox"/> JOCA			
	Others ()			
If Yes, when, what was the purpose of the visit and where did you visit?	When:			
	Purpose:			
	Where:			

Declaration

I hereby certify that the statements made by me in this form are true and correct to the best of my knowledge.

Signature:

Date: _____
(Day / Month / Year)

Agreement of the Application Guidelines
for Juntos!! Japan-Latin America and the Caribbean Exchange Program.

I hereby agree to all the qualifications written in the Application Guidelines for Juntos!! Japan-Latin America and the Caribbean Exchange Program.

Signature:

Date: _____
(Day / Month / Year)

Privacy Policy

1. Appropriate Protection for Personal Information with Its Administrator

JTB Corp. has appointed the following staff member as a Protection Administrator of Personal Information, so as for the member to appropriately and safely manage the personal information about customers, by adopting measures to prevent the information from being leaked, lost, or damaged.

A Chief Protection Administrator of Personal Information: Head of CSR Promotion Office at JTB Corp., with its principal place of business at 2-3-11 Higashi-Shinagawa, Shinagawa-ku, Tokyo, Japan (TEL: 03-5479-2211)

2. Purpose of Use for Personal Information

Personal information about customers shall be used for *the reason of "Juntos!! Japan-Latin America and the Caribbean Exchange Program" 7 Countries of Central America* with the extent of due performance of its business in JTB Corp. We respect our customers for their decision whether they will provide us with their information; however, if no proper data is offered, JTB Corp. may not be able to work as a service provider adequately for our customers.

3. Provision or Consignment of Personal Information to Third Parties

In so far as the situations listed below, personal information about customers shall either be provided or consigned to third parties under the terms and conditions specified in Section 4:

- (1) When consignors, on behalf of JTB Corp., will supply information or service through direct mail, e-mail, or others,
- (2) When consignors, on behalf of JTB Corp., need to undertake individual services such as after-sales,
- (3) When, as an attempt to provide statistical information, personal information for each customer is collected or analyzed, processed into a form that cannot identify or specify any individuals, and statistically disclosed,
- (4) When disclosure is lawfully required by ordinance or from court or other government agencies; and,
- (5) When, for other specific purposes, customers allow us to provide or consign their data to third parties

4. Confidentiality with Relevant Business Partners to Be Provided or Consigned

When the whole or any part of business is entrusted, JTB Corp. will make a confidential agreement with partner companies JTB Corp. carefully examined in terms of a control system substantially functioned, in which they can protect personal information justly and properly, so as to rigidly manage the information provided by customers.

5. Acceptance for Request from Customers on Disuse and Deletion of Personal Information

JTB Corp. is happy to have requests from our customers on their personal information, such as notification of the purpose of the information in use, disclosure, correction, addition, or omission of data, disuse or elimination of data, or the termination of an activity sending data to any third parties. For this inquiry, we need verification of a relevant customer before handling his or her request for a reasonable period.

By signing below, you agree to the contents of above statement.

Date: _____

Participant's Signature: _____

"Juntos!! Japan-Latin America and the Caribbean Exchange Program"
Inbound for 7 Countries of Central America

Photocopy of the Applicant's passport

