

Letter of Proxy

To the Mayor of Niihama City

Date	(Y) (M) (D)	
Delegator	Address	
	Name	
	Date of Birth	(Y) (M) (D)
I hereby appoint the following person as Proxy to apply for and receive the COVID-19 Vaccination Certificate on my behalf.		
Proxy	Address	
	Name	
	Date of Birth	(Y) (M) (D)

※ All items must be filled in by the Delegator.

※ The Proxy should bring document(s) for identity verification.