Proof of **Present Working Place** or **Expected Working Place**

yy mm dd

To
The Meguro Mayor

Name of place

Name of Employer

Signature

Address

Contact Number

Fill up the correct infomrmation in following boxes regarding the present working place or expected working place:

Details of Employee	Name
	Address
Type of Employment	☐ Full time employee ☐ Short time employee ☐ Part time ☐ Others( )
Days of working (Mark on the working days as ○)	Working days in a week ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat
Commuting Time(one way)	hrs mins
Working hours	From Hr Min through Hrs Min
Contents of the work	
Address of the working place (Mention only if it is deffrent as mentioned above	
Expected date of joining	yy mm dd

Note

1. Mark ○in the any of the two: working or expected to be working
2. must be prepared by the employer
3. Persons who are expected to start work should complete this form once the date of joining has been confirmed.
4. Self-employed persons are required to submit a recent proof of income or a copy of their most recent tax return.