



Registration Form for Citizen of Jamaica

1) About You

Full Name in block letters. Please underline your family name.			Photograph (if available)
Date of Birth (dd/mm/yy)		Place of Birth	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status		
Passport Number	Date of Issue (dd/mm/yy)	Place of Issue	

2) Your Contact Details

Your Permanent home address in Japan		Your mailing address, if different from home address	
Your home telephone number	Your mobile phone number	Your personal e-mail address	

3) About your stay in Japan

On what date did you arrive in Japan? (dd/mm/yy)	How long do you expect to stay in Japan?
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If you are working...

What is your present job?		What is your work address?	
Your employer's telephone number	Your employer's fax number	Your employer's e-mail address	

If you are a student...

What course are you doing?		When do you expect to finish your course?	
Name of Educational Institution		Address of Educational Institution	
Telephone number of Educational Institution	Fax number of Educational Institution	E-mail address of Educational Institution	

Continued overleaf

4) Your Family

If you are married what is your spouse's name?	What is your spouse's nationality?
What is your spouse's date of birth? (dd/mm/yy)	Is your spouse resident with you in Japan? Yes <input type="checkbox"/> No <input type="checkbox"/>

Children

Do you have any children? Yes No

If you have answered **yes**, please give their details below:

Full name	Date and place of birth (dd/mm/yy)	Are they in Japan with you?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

5) Your Next of Kin (Person to be contacted in case of emergency)

Please list two contact persons

Name	Relationship
	Country of residence
Address	Home phone number
	Work phone number
	Mobile phone number
E-mail address	Fax number

Name	Relationship
	Country of residence
Address	Home phone number
	Work phone number
	Mobile phone number
E-mail address	Fax number

6) Do you wish to be on the Embassy's mailing list? Yes No

If **yes**, indicate preference: personal e-mail work e-mail fax
by post to home address by post to office address

Signature _____ Date _____