



# Statement of Financial Eligibility

To Soka University President,

Applicant's Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female / Male (circle one)

I hereby agree to become the financial supporter of the above applicant during his/her stay in Japan and declare that the information given in this form is true and correct.

1. Relationship to the applicant and how you have become his/her financial supporter

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I agree to become the above applicant's financial supporter during his/her stay in Japan and declare to support him/her as follows:

1) Tuition: \_\_\_\_\_ yen per year

2) Living expenses: \_\_\_\_\_ yen per month

3) Means of payment (i.e. remittance, bank transfer, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upon his/her application for visa extension, I will present documents (i.e. copy of remittance statement or bankbook) to certify my financial eligibility to support the applicant.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(print)

Date: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_