**Attachment**

**Recommendation Form for Uchina Goodwill Ambassadors**

　　Country（Region）： 　　　 　　　　　　　　　 Name of Recommending Organization：

　　　　 　　　　　　　　　　　　　　　　 Name of Representative：

 　 TEL：

 　 FAX：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FuriganaNAMERomaji |  | Birthday（Age） | 　 Year/ Month/　 Day　　　　　（　　 ） | Male ・Female  |
| CurrentResidentialAddress |  |  TEL |  |
|  FAX |  |
|  Post Code |  |  E-mail |   |
| Domicile ofOrigin |  | Place of Birth（Nationality） |
|  Occupation |    |
|  Reason(s) for Recommendation |  |
|  Main Achievements  |  |

 ※１．Please note that "age" refers to the person's actual age as on 1st July 2022.

　　２．For the reason(s) of recommendation, please state to what extent the person fulfils the requirements for a Goodwill Ambassador and what can be expected from him/her. Also, please state any history or record of achievements that are 　 relevant to this recommendation. （Please refer to the "Outline for the Establishment of Uchina Goodwill Ambassadors").

　　３．Please attach extra sheets of paper if necessary.