様式第四（第四条関係）

Application for Assistance in Contact with Child

≪Note≫

- Before completing this form, please read the 'Guide to making an Application for Assistance in Contact with Child' and follow the instructions.
- Please provide as much information as possible.
- Please indicate ☑ in the appropriate boxes.

1. Applicant					
Name	English	Last name	Middle name (if any)	First name	
	Japanese (Chinese character, if possible)	Last name	First name		
	Other language (if any)	Language	Last name	Middle name (if any)	First name
Date of birth		Day	Month	Year	
Nationality			Occupation		
Relation with the child		☐ Father ☐ Mother ☐ Other (　　)			
Domicile or residence		Country	Address		
Telephone no.		Country code + (　　) — (0)　　— —			
Mobile telephone no.		Country code + (　　) — (0)　　— —			
Fax no.		Country code + (　　) — (0)　　— —			
E-mail address		@			
Identity card		Type of identity card	Issuing country and organization	No.	Expiry date Day Month Year / /

Details of a legal adviser (if you are instructing one in relation to this application)				
Name	English	Last name	Middle name (if any)	First name
	Japanese (Chinese character, if possible)	Last Name	First Name	
Location of office		Country	Address	
Telephone no.		Country code + (　　) — (0)　　— —		
Fax no.		Country code + (　　) — (0)　　— —		
E-mail address		@		
License		Country	Type of license	
Preferred contact person with the Central Authority		☐ This legal adviser ☐ Applicant ☐ Either one will be fine		