【Study Abroad Insurance (JEES) Management Agency 】[注]

EXPERT Co., LTD.

(年月日)

(年月日)

TEL: 0 2 9 - 8 5 8 - 1 0 0 0 (FAX:029-858-1500) = 305-0005 2-21-12 Amakubo Tsukuba City

If your program is not officially approved by the University of Tsukuba, submission of your "Application Form for Study Abroad" or "Letter of Acceptance from the Host Institution" is required

Application Form for Study Abroad Insurance (JEES), University of Tsukuba

	Applying	for the insur	ance as fo	lows			
					1		
Name of Program							
Application Date (dd/mm/yyyy)	/	/		(Date o	of Submi	ission)	
Student ID Number							
Faculty • Department • Year	Faculty • Department				Year	_ (at the time of	of departu
						SEX	
						Male · Fema	ile
Name in English (as written on your passport)	Famile Name		Give	n Name ar	nd Middle	Name	
Date of Birth (dd/mm/yyyy)	/	/	Aç	ie 📗		(Departur	re)
Present Address	Zip Code: 〒 -		Mobile Phone): ()		
	E-Mail:		@				
	From:	/	/	(Da	ite of Le	aving Japan)
Insurance Coverage Term	Until:	/	/	(Date o	f Arriving	Back in Japa	an)
(dd/mm/yyyy)	Note: The insurance covers	the date of leaving jap	oan until the date o	f arriving back	in Japan		
Emergeny Contact :	Address :						
Address and Name (Japanese)	Name:		TEL	. :	()	
Deployment (Country • University)	(Country)		(Univer	sity)			
Insurance Company	東京海上日動火災保険株式会社						
[Privacy Policy]							
Contents of this application form application and in the case of an		rine & Nichido Fire I	nsurance Co., L1	D. and the U	niversity of	Tsukuba at the time	e of
//DO NOT FILL 111 DEL 2111							
《DO NOT FILL IN BELOW》 【申込書受領日】	》 【払込票受領日】	【被保険者証	発 日 】				

(年月日)