

## Entrant's written pledge

\* To be filled in by the entrant himself/herself

Form 2
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To: The Minister

### Written Pledge

I pledge that, on entering Japan, I checked the items of the written pledge for the new measure (no. 19) relating to the strengthening of border control measures based on the guidelines to implement measure no. 19 relating to the strengthening of border control measures, that I understand the contents and will comply with the contents of the written pledge.

In addition, I understand and consent to the following.

- If it is confirmed that I have acted in a way suspected of violating the pledge, information about the act (including personal information) may be given by the person responsible for acceptance to the competent ministry or agency with jurisdiction over the business, and if I am a foreign national, to the Immigration Services Agency of Japan and/or other relevant authorities.
- If it is confirmed that I violated the pledge (including cases where a false statement has been given) and if the competent ministry or agency with jurisdiction over the business or the person responsible for acceptance has given guidance on correction, I shall comply with the guidance. If no improvement is made in terms of the violation of the written pledge, and if the competent ministry or agency with jurisdiction over the business informs me that the mitigation measures such as designated actions are to be suspended, I shall comply, wait at home and follow all other instructions.
- If I have violated the pledge (including cases where a false statement has been given), my name (name and nationality if I am a foreign national) and information that contributes to preventing the spread of infection may be publicly announced by the competent ministry or agency with jurisdiction over the business or the person responsible for acceptance.
- If I am a foreign national and if it becomes clear that I violated the above agreement and I am recognized to have received landing permission having applied for a visa using a document with a false statement, I may become subject to the procedure for revocation of the status of residence or procedure for deportation based on the provisions of the Immigration Control and Refugee Recognition Act.

- Information necessary to confirm the identity of the individual such as location data and images and voice recordings may be collected through the app indicated in the pledged items for the new measure relating to the strengthening of border measures no. 19 (for entrants) and, moreover, such information may be provided to the Ministry of Health, Labor and Welfare, the competent ministry or agency with jurisdiction over the business, the person responsible for acceptance, and if I am a foreign national, the Immigration Services Agency of Japan and/or other relevant authorities.

Date of the pledge

Full name: \_\_\_\_\_

**Written pledge of the person responsible for acceptance (company / organization, etc.)**

**\* To be filled in by the person responsible for acceptance**

To; The Minister

**Written Pledge**

(Company / organization name) pledges, as the person responsible for acceptance that after explaining the necessary contents of the items described in the pledged items for the new measure (no. 19) relating to the strengthening of border control measures based on the guidelines to implement measure no. 19 relating to the strengthening of border control measures to the entrant, to obtain the consent of the entrant through the entrant’s written pledge, and to take necessary measures to ensure its implementation.

Name	Date of birth YYYY/MM/DD	Date of preparation of the certification of eligibility and certificate number * To be filled in only for technical intern training and study abroad

In addition, regarding the entry of the above entrant, if the above written pledge is violated (including cases where a false statement has been made), and if the competent ministry or agency with jurisdiction over the business gives guidance on correction, I understand and accept that I must comply and make the correction.

- I will respond in good faith to communications and inquiries from the competent ministry or agency in charge of the business regarding compliance with the contents of the written pledge, and I understand that not responding without justifiable reason, refusing or hindering investigations or making a false report may be a violation of the pledge, and in addition, engaging in a designated action not indicated in the activity plan that was examined in advance may be a violation of the pledge.
- If there is no improvement despite the guidance on correction, on receipt of a notification from the competent ministry or agency with jurisdiction over the business to the effect that the mitigation measures such as designated actions are be suspended, I shall comply.
- If the competent ministry or agency in charge of the business determines that it is difficult for the person responsible for acceptance to fulfill his/her duties, such as when the person responsible for

acceptance has repeatedly violated the written pledge, any application from the person responsible for acceptance shall not be accepted for the period specified by the competent ministry or agency in charge of the business.

- If the competent ministry or agency with jurisdiction over the business determines that the correction through the above measures is not likely to take place, the name of the entrant who violated the written pledge together with the name of the person's company / organization, etc. as the place of affiliation of the entrant may be publicly announced from the perspective of preventing the spread of COVID-19.
- The competent ministry or agency with jurisdiction over the business shall conduct an on-site inspection of the person responsible for acceptance, where necessary, to confirm that the entrant and the person responsible for acceptance are properly carrying out their activities, etc. in accordance with the written pledge.

YYYY/MM/DD

Name of the person responsible for acceptance (company / organization):

Department name:

COVID Control Officer: