【Form D】

Year/Month/Day

/ /＿

Application Fee Certificate of Payment

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant | First name | Last name | (Middle name) |
| Mailing  Address | ZIP Code: | | |
| Address: | | |
| Tel: | | |

Please attach a copy of receipt of the payment such as bank transfer receipt. The proof of payment from your Internet banking is also accepted.

------------------------------ Please paste the copy into the space below ------------------------------