Certificate of Expected Annual Income

To Employers:

In order for this student apply for scholarships, we ask that you provide proof regarding the total salary (estimated amount including bonuses) they received in the year after they began working employment or what they will receive during the upcoming year.

Submit to: Keio University

Full name of	salaried employee					
Curre	nt address					
Date employment began	(YYY	Y/MM/DD)	Job title (Name of position)			
Salary			Break	Total (estimated) pay (Including taxes)		
	Category	Period of pay	Salary Bonuses			
	Most recent monthly income (Or estimated amount)	For (YYYY/MM/DD)			yen	
	Total pay (estimated amount including bonuses)	From (YYYY/MM/DD)	yen	yen	yen	
	for one year from the start of employment OR for the upcoming year	To (YYYY/MM/DD)				
) 001	Dependents				
	Full name	2	Full name			
1			2			
3			4			
5			6			
I certify that t	he above is true. 1/DD)					
Work addre	ess:					
Name of en	nployer:					
Name of co	mpany representat	ive:				

*The boxed areas with bold lines are for the business owner to fill in.

*The following is for the student applicant to fill in

Student ID number					Full name of scholarship applicant