 	_
	number

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

*The boxed are	eas with bold lines a	are for the business owner	r to fill in.			
Full name of s	salaried employee					
Curre	nt address					
Date employment began	(YYYY	Y/MM/DD)	Job title (Name of position)			
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Category		Breakdown		Total (estimated) pay	
		Period of pay	Salary	Bonuses	(Including taxes)	
	Most recent monthly income (Or estimated amount)	For (YYYY/MM/DD)			yen	
Salary	Total pay (estimated amount including bonuses) for one year from the start of employment OR	From (YYYY/MM/DD) To (YYYY/MM/DD)	yen	yen	yen	
	for the upcoming year					
		Dependents	<u> </u>			
	Full name	2	Full name			
1			2			
3			4			
5			6			
·	he above is true. M/DD)					
Name of en	nployer:					

Name of company representative:

*The following is for the student applicant to fill in

(Master · Doctor) Program								
Graduate	Schoo	1	(Tw			(Two-year · Three-year · LLM) course year		
Student ID number					Full name of scholarship applicant			