## TO: VISA SECTION CONSULATE GENERAL OF JAPAN IN DETROIT

## **CONSENT TO CANCEL VISA**

I,		_		
	DATE		MONTH	YEAR
acknowledge, and hereby give my c	onsent for, can	cellation	of the existin	g, valid visa
(Issue #	) currently in r	ny passpo	ort, for the pu	rpose of
acquiring a new Japanese visa.				
Date of Birth		Pr	INTED NAME	
Nationality			CICNIATUDE	

Revised: September 1, 2014