添　付　書　類　（４）

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| 相　談　役　及　び　顧　問　（ 法人の場合 ） |

受付番号　　　　　　　申請時の免許証番号

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| 51 |  | | 役名コード |  |  |  | | | 就任年月日 | | | |  | ― |  |  | 年 |  |  | 月 |  |  | 日 | |
|  | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 氏名 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 生年月日 |  | ― |  |  | 年 |  |  | 月 |  |  | 日 | | | | | | | | | | |
| 住所市区町村コード | |  |  |  |  |  |  | 都道府県　　　　　市郡区　　　　　区町村 | | | | | | | | | | | | | | | |
| 住　　所 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 確認欄   |  | | --- | | ＊ | |
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| 51 |  | | 役名コード |  |  |  | | | 就任年月日 | | | |  | ― |  |  | 年 |  |  | 月 |  |  | 日 | |
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| 氏名 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| 氏名 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| 住所市区町村コード | |  |  |  |  |  |  | 都道府県　　　　　市郡区　　　　　区町村 | | | | | | | | | | | | | | | |
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| 氏名 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| 住所市区町村コード |  |  |  |  |  |  | 都道府県　　　　　市郡区　　　　　区町村 | | | | | | | | | | | | | | | |
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| １００分の５以上の株式を有する株主又は１００分の５以上の額に相当する出資をしている者（法人の場合） |

受付番号　　　　　　　申請時の免許証番号

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| 52 |  | | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 氏名又は名称 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 生年月日 |  | ― |  |  | 年 |  |  | 月 |  |  | 日 | | | | | | | | | | |
| 保有株式の数  （出資金額） | 株  (円) | | | | 割　合 | | | ％ | | |  | | | | | | | | | | |
| 市区町村コード | |  |  |  |  |  |  | 都道府県　　　　　市郡区　　　　　区町村 | | | | | | | | | | | | | | | |
| 住所又は所在地 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 確認欄   |  | | --- | | ＊ | |
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| 52 |  | | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| 氏名又は名称 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| 市区町村コード | |  |  |  |  |  |  | 都道府県　　　　　市郡区　　　　　区町村 | | | | | | | | | | | | | | | |
| 住所又は所在地 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 確認欄   |  | | --- | | ＊ | |
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| 52 |  | | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| 52 |  | | フリガナ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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