※No.6、9、11、12、は弊社にて記入しますので、入力不要です。
※No.10は、E1カンパニーは必須、E2カンパニーでも主な業務が貿易の場合は必須です。

U.S. Department of State

NONIMMIGRANT TREATY TRADER/INVESTOR APPLICATION
USE WITH FORM DS-160/I-129

(USE ADDITIONAL SHEETS OF PAPER, AS NECESSARY, TO COMPLETE RESPONSES)

OMB CONTROL NO. 1405-0101
EXPIRES: 12-31-2024
ESTIMATED BURDEN: 4
HOURS* (See Instruction Page)

PART I - BUSINESS PROFILE

1. Name of U.S. Enterprise, Business, or Company

2. Type of Business Enterprise:

☐ Corporation ☐ Branch/Liaison Office ☐ Partnership
☐ Privately owned ☐ Joint Venture ☐ Subsidiary ☐ Other _____

3. Address of Headquarters, Subsidiaries and Branch Offices of **U.S. Enterprise** *(Specify type of office)*

Telephone Number: FAX Number:

4. Date *(mm-dd-yyyy)* and Place Business Was Established or Incorporated in the **United States** (*Attach appropriate documentation; e.g., corporate papers, partnership agreement, etc.)*

設立した州、都市名

5. What is the nature of the business?

☐ General Trade ☐ Exports from U.S. ☐ Retail Sales ☐ Other *(Describe)*
☐ Imports to U.S. ☐ Manufacturing ☐ Services/Technology

6. Describe fully the services, production, or other activity in No. 5 above.

入力不要

7. Name and Address of **Foreign Parent Business** *(If any)*

Telephone Number: FAX Number:

8. Nationality of Foreign Entity *(Corporation, Partnership, etc.)* or Foreign Individual Owner of **U.S. Business** *(Attach documentation)*

NAME	NATIONALITY	IF INDIVIDUAL INVESTOR, IMMIGRATION STATUS/	PERCENT OF OWNERSHIP
			Total - 100%

9. Financial Statement for year _____ ☐ Calendar Year ☐ Fiscal Year *(Attach most recent financial statement or auditor's report)*

入力不要

Total Assets of U.S. Business: _____ ☐ Current Cash ☐ Historical Cost
Total Liabilities: _____
Owner's Equity:* $0
Total Annual Operating Income: _____ (Before Taxes) _____ (After Taxes)

* Owner's equity of a corporation refers to paid-in capital plus retained earnings; partner's capital accounts in a partnership; and owner's capital account in a sole proprietorship.

10. To measure the amount of international trade with the United States, please complete the following. *(For trade in merchandise, exports and imports, refer to shipment and sale of goods across international boundaries. For trade in services and technology, exports and imports, refer to the sale of services by treaty-country nationals to nationals of the United States and other countries.)*

Gross International Trade of the U.S. Enterprise in _____ (*year*) ☐ Calendar Year ☐ Fiscal Year Ending _____

	DOLLAR VALUE	NO. OF TRANSACTIONS *(Optional)*	PERCENT OF TOTAL TRADE
Imports from treaty country to U.S. business			
Exports from U.S. business to treaty country			
Imports from third countries to U.S. business			
Exports from U.S. to third countries			
Domestic U.S. production/manufacturing			
Total:			100%

11. Type of Investment *(Check one)*

入力不要

☐ Creation of a new business
Total Start-up Costs: _____

☐ Purchase of an existing business
Purchase Price: _____

☐ Continuation of an existing business
Fair Market Value of Business: _____

12. Total Investment from Abroad Made in the United States *(Attach documentation)*

入力不要

FOR YEAR_____ ☐ Calendar ☐ Fiscal

	INITIAL INVESTMENT	TOTAL CUMULATIVE INVESTMENT
Cash		
Inventory		
Equipment		
Premises		
Other *(describe)*		$0
TOTAL		

13. Source of Investment Capital *(personal funds, corporate funds, loans, stocks, debentures, bonds, etc.)*; Evidence of Possession and Control of Funds in the **United States** *(Attach full documentation)* Corporate funds Please see attached evidence

PART II - STAFF

14. Type of Personnel in the **United States** *(Attach staffing chart)*
Specify: ☐ Calendar Year ☐ Fiscal Year

ビジネスプランに記載の従業員数と同数にする

	MANAGERIAL EXECUTIVE		SPECIALIZED ESSENTIAL		ALL OTHER EMPLOYEES	
	This Year	Next Year	This Year	Next Year	This Year	Next Year
Nationals of Treaty Country on E, H, & L Visas:						
U.S. Citizens and Legal Permanent Residents:						
Other (*Third-Country Nationals*):						
TOTAL:	0	0	0	0	0	0

15. List all personnel of U.S. business holding executive, managerial and/or specialist positions by subsidiary/branch office. If aliens, indicate nonimmigrant visa status or lawful permanent resident (LPR) status.

1段目に今回申請するEビザ新規申請者の情報を入力

NAME AND POSITION/TITLE/DIVISION	NATIONALITY	U.S. VISA TYPE	U.S. VISA DATE *(mm-dd-yyyy)*	U.S. VISA PLACE OF ISSUANCE