

CPF 申請用紙入力方法

CPF APPLICATION FORM 日本語

Receita Federal do Brasil

This form should be used for requests for registration, cancellation, modification of registration data or regularization of CPF (Cadastro de Pessoas Físicas)

Procedures

- Select country of domicile. In the case of an individual resident in Brazil who is abroad, select the country where you will be given the form.
- Click the button to generate a form.
- Fill out the form by typing the information.
- Click the Submit button.
- Print the completed form using the print button.
- Deliver it in a Brazilian diplomatic representation within 15 days, along with the documents listed in the table documentation.

Documentation

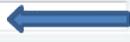
- I - Identity document accepted in the country of residence certifying that the affiliation of the individual.
- II - Identity document of a parent, guardian, custodian or responsible for the custody and document establishing parentage, guardianship or trusteeship responsibility for custody when the request is for the enrollment, as the case may be, under 16 or unable.
- III - Identity document prosecutor and public instrument of proxy when the request is made by an attorney.

Note: The application for registration in respect of a minor or incapacitated should be signed by a parent, guardian, custodian or by the person responsible for his custody by virtue of a court decision.

Each form has a code generated service itself, tied to a single applicant. This code allows the monitoring of the application by internet link: [Individual Taxpayer Request Follow-up](#)

Japan

SEND



Japanを選択



Sendをクリック

Receita Federal do Brasil

ローマ字で入力して下さい
ハイフンは入れないで下さい

Fill Reason 新規、変更、取り消し、正常化 何れかを選択下さい	
<input type="checkbox"/> Registration <input type="checkbox"/> Change <input type="checkbox"/> Cancellation <input type="checkbox"/> Regularization	
Full Name (no abbreviations)	CPF Number (except registration)
名前 名、姓の順	CPF番号 (新規申請の場合は不要)
Sex	Birth Date (dd/mm/aaaa)
Male <input type="checkbox"/> Female <input type="checkbox"/> 性別 男 女	生年月日 (日月年の順)
Mother's Name (no abbreviations)	
母の名前 名、姓の順 (必須)	
Address	Number Complement
住所 市村町から	丁目 番地 (ハイフンなし例 1 1)
City	Nationality
都道府県	Select the Country 日本
Voter	Phone Number
空白	電話番号
Email	Date of Exit (dd/mm/aaaa)
メールアドレス	前回渡航の際のブラジル出国日 (おおよそ) 新規CPFの場合は不要
SUBMIT	← SUBMITをクリック

PRINT

 MINISTÉRIO DA FAZENDA SECRETARIA DA RECEITA FEDERAL DO BRASIL CADASTRO DE PESSOA FÍSICA	Individual Taxpayer Registration FCPF	SERVICE CODE 560571720
Deliver it in a Brazilian diplomatic representation within 15 days, along with the documents listed in the table documentation.		COUNTRY 399
01-REASONS FOR FILING REGISTRATION	02-CPF NUMBER	FOR USE OF THE REPRESENTATION DIPLOMATICS day month year
03-FULL NAME (no abbreviations) AKIRA SUZUKI		
04-BIRTH DATE 01/01/1950	05-SEX MALE	06-NACIONALITY 399-JAPAN
07-MOTHER'S NAME (no abbreviations) MAYUMI SUZUKI		
08-ADDRESS SHINAGAWAKU HIGASHIGOTANDA 1 13		
09-NUMBER 12	10-COMPLEMENT	
11-CITY TOKYOTO		
12-VOTER		
13-PHONE NUMBER		14-DATE OF REQUEST 06/10/2015
15-EMAIL		16-DATE OF EXIT 01/01/2000
LOCATION	SIGNATURE	

PRINT



PRINTをクリック

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