

Entry examples

Application Form for Special Fixed Benefit Payment

If you have a My Number Card, you can apply online from the MynaPortal website on the Internet.

Addressee	Kanie Town Mayor Dear	Date of application	Year 2020 Month 5 Day 30
I agree to the below matters and I submit this application with my identification document and a bank account confirmation. [Agreed Matters]			
<ul style="list-style-type: none"> • The Kanie Town Office may check public records held by itself in order to confirm your eligibility to receive the payment. • If the Kanie Town Office cannot confirm your eligibility using public records, etc., you are required to submit other relevant documents as requested by the Kanie Town Office. Also, the Kanie Town Office may check your residence in other municipalities. • If The Kanie Town Office is not able to complete the transfer of funds due to an error in the account information, etc., and is not able to reach or confirm with the applicant (including his or her proxy) within three months of the starting date for the receipt of applications, your application will be considered as withdrawn. • If you receive a special fixed benefit payment from another municipality, you will have to return it. • If it is determined that a household member other than the head of the household recorded in the Basic Residential Register has received a special fixed benefit payment for a certain reason, you will have to return it. 			
Address	2-1-1, ○○, Kanie Town		
Kana syllable	○○ ○○	Date of birth	December 1, 1985
Name	Signature (to be signed by the person by hand) ※ ○○○ ○○○ ○○○○ ○○○○ ○○○○ Seal	Contact	*Please enter your telephone number where you can be reached during the daytime. 0567 - ○○ - ○○○○
*In the case of application by a proxy	(kana syllable) Name of the proxy	Relation with the applicant	Proxy Address
I recognize the above person as a proxy, and for the special fixed benefit payment,		<input type="checkbox"/> Application · Request Receiving <input type="checkbox"/> Application, Request and Receiving	<input type="checkbox"/> I delegate ←No need to choose a delegation method in the case of a legal representative.
		Head of household Name	Signature (or affix the name and seal) Seal

<Attachment 1> (Please enter a check mark, ✓, in the check box (□) if you have pasted it on the backside.)

"Identification Confirmation" of the applicant	<input type="checkbox"/> I have pasted it.	Please place a check mark, ✓, in either of the boxes. If no check mark is entered, we treat it as you "wish to receive."
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<Eligible recipients> (Members of the household on the residence certificate)

	Name	Date of birth	Relation	Special Fixed Benefit Payment
1	○○○○	December 1, 1985	Head of household	<input checked="" type="checkbox"/> Wish to receive <input type="checkbox"/> No need
2	○○○○	April 1, 1990	Wife	<input checked="" type="checkbox"/> Wish to receive <input type="checkbox"/> No need
3	○○○○	December 31, 2019	Child	<input checked="" type="checkbox"/> Wish to receive <input type="checkbox"/> No need
4				<input type="checkbox"/> Wish to receive <input type="checkbox"/> No need
5				<input type="checkbox"/> Wish to receive <input type="checkbox"/> No need
6				<input type="checkbox"/> Wish to receive <input type="checkbox"/> No need

<Receiving method> (Please place a check mark, ✓, in one of the below boxes) *If there is an error, please correct it in red.

Existence of an account	<input checked="" type="checkbox"/> I have a financial institution account. <input type="checkbox"/> You do not have a financial institution account or live far from the financial institution.	◆ You receive the amount at the counter for unavoidable reason. Please do not mail this application but submit to the counter of Kanie Town.
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◆ Receipt by bank transfer (Limited to a bank account in the applicant's name)

Account holder (kana) ○○○	○○○		For administrative use
⇒Receipt via a Japan Post Bank account	Passbook symbol	Passbook number	(Zengin code)
	1 0 — 1		9 9 0 0 —
⇒Receipt via bank transfer	Account number		(Zengin code)
	Financial institution code ○○○○	Branch number ○○○○	
Bank, Shinkin Bank, Credit Cooperative, JA Bank, Agricultural Cooperative, or Fisheries Cooperative		<input checked="" type="checkbox"/> Savings <input type="checkbox"/> Checking	—

<Attachment 2> (Place a check mark, ✓, where applicable.)

You have a bank account through which you have remitted to or received money from Kanie Town (withdrawal or remittance)	<input checked="" type="checkbox"/> None ⇒ Paste a document verifying your money receiving account on the backside.	<input type="checkbox"/> Exist ⇒No need to paste a document verifying your money receiving account. (Requested account) <input type="checkbox"/> Withdrawal account for Kanie Town local tax, insurance premium, etc. <input type="checkbox"/> Water charge withdrawal account <input type="checkbox"/> Child allowance receiving account (excluding government employees)
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Columns for administrative use

Identification document	Type of document verifying the receiving account	Number of eligible persons	Payment amount determined
			yen

