	Special fixed benefit (Special	Cash Payme	ents) Application <gu< th=""><th>uide for filing the form</th><th>Form 1</th></gu<>	uide for filing the form	Form 1					
	Application date REIWA Year Month Day Municipality where your resident card is registered as 2020 (REIWA 2) Mayor of Sanda city (Hyogo prefecture)		Area inside the bold red li The red parts shall be filled	ne. (City office receipt stamp)						
0	lead of household (Applicant / Recipient)									
	(FURIGANA (Japanese pronunciation)) Name		Present address	Date of Birth						
			<this is="" part="" preprin<="" td=""><td>MEIJI / TAISHO / SHOWA / HEISEI</td></this>	MEIJI / TAISHO / SHOWA / HEISEI						
		Phone number w	here we can contact you durin	Year Month Day						
	I hereby apply for the Special Fixed Benefit aft									
2345	The city may check public records, etc. to verify your eligibility. When eligibility cannot be confirmed by public records, the city will ask you to submit relevant documents. Or we may contact other municipalities to check your address. If the wiring arranged by the municipality can not be completed due to an error in information for the financial institution account to receive the money, moreover, if the municipality can not contact the head of household (applicant / recipient) or his/her designee before the application deadline (the deadline is three months from the starting date of the application), the application shall be regarded as withdrawn. If you have received the Special Fixed Benefit from another municipality, you must return the money you received. In cases where one or more household members (other than head of household), described in the Basic Resident Register has already received a benefit due to certain reasons, you need to return the benefit.									
O	Eligibility for the benefit (Please verify receive the benefit (right column), plea									
	Name	Relation ship	Date of Birth	If you don't want to r benefit, please indicat marking "O" in the c	e this by					
	1 <pre-printed></pre-printed>	Pre-printed	⟨Pre-printed⟩							
	2 <pre-printed> 3 <pre-printed></pre-printed></pre-printed>	Pre-printed Pre-printed	<pre-printed> <pre-printed></pre-printed></pre-printed>	┥┝──┼						
	4	The printed	(Tro printed)	1 						
	5									
	6 Total amount	<pre−pri< td=""><td> Inted〉 円</td><td>_ </td><td></td></pre−pri<>	 Inted〉 円	_						
0	Receiving method (Select receiving method in the necessary information. A To be wired to an account in a farecipient) or that of the designee) If the account is used as a resident tax head of household, please mark (\(\bu\)) in card.) I accept inquiries to the Tax deposition (receiving account) Information on the receiving account a long time.)	d of household (applican ount is in the name of ook or cash dispensing ount								
a long time.) XPlease verify that you have described the account information correctly. Benefit payment will be delayed if account info										
	Financial institution name (Not including Japan Post Bank)	Branch name	e Account Justify the	he numbers	Japanese pronunciation))					
	1.Bank 2.Credit cooperative union 3.Credit association 4.Credit federation 5.Agricultural cooperative 7.JF Marine bank 5.Agricultural cooperative 5.Fishery cooperative bank 5.Agricultural cooperative bank 5.Agricultural	E Hea Su	ad office 1Savings account bstation account account account account account account account account							
	six	Passbook code case you have the co	ast (Justify the) to the r	numbers	dapanese pronunciation))					
	When selecting Japan Post Bank, describe the code/number shown at the top left of the center spread on your passbook, or the code/number seen on the cash dispensing card.	0	*							
	B Submit your application at the semail the application form.) (This option is only applicable for persons option.) When the application is conducted by	who do not hav	re any bank account or live f	ar from a bank. You need to	contact us first to use this					

form.

(Application form back face)											
D e	se of Proxy Application (receipt (FURIGANA (Japanese pronunciation) Name of the designee	Relationship with the			in.] Address of the designee						
i	Traine of the dosigned	applicant	MEIJI / TAISHO / SHOWA	A / HEISEI							
n e e			Year Month	1121/		number where we can contact you the daytime ()					
	re assigned the above described person d delegated for the application/ claim	Fixed Benefit.	Name		Signature (Or affix your name and seal)						
	receipt	egal representative,	head	d of							
	application/ billing and receipt	l to select a od.			印						
Paste here a copy of the applicant's identify verification document In addition to the applicant's name, the copy needs to show his/her address (as of April 27) or date of Copy of driver's license (Front side) Copy of My Number card (Front Photo side) In case a copy of a pension book or health insurance card is used, in addition to the applicant's name copy needs to show either their address or date of birth XIn case of the Proxy Application (Receipt), identity verification documents are needed both for the applicant and designee.											
Paste document to verify bank account information Copy of passbook (page showing the account number and holder name) or cash dispensing card (etc.) 											
	Checklists (Please check the following items, and mark (ν) in the individual check boxes(□)) □ ① Please verify your entries once again, and check if there are any empty columns or errors. □ ② Especially, verify that the bank account number described in the form matches the number on the copy of the passbook.										
③ Please verify if you have attached all required attachments.											