necessary information on the Japanese application form mailed to your home.

# Application Form for the Special Cash Payment

Himeji City Mayor (Forward to)

O Head of household (Appli	cant/ Recipient)	Application Date: 令和2年6月1日
Name (Signature or seal)	Date of Birth	Address
(Katakana) ヒメジ タロウ <b>姫路 太郎</b>	O年O月O日 Contact No. (reachable during day) 079(000)0000	姫路市安田四丁目1番地 -

☐ This application for the Special Cash Payment is made in agreement with the "Terms of Agreement" on the reverse.

## In case of a proxy application

	Name of proxy	Relation to head of household		of birth of proxy		Address of Pr	оху	
Proxy	(Katakana)		Year					
			Month	Day	Cont	act No. (reachable during day)	(	)
I hereby permit the above-mentioned proxy to  Apply for/ request Receive Apply for/ request & receive  The special Cash Payment on my behalf				Name of h				

In the case of a legal representative, it is not necessary to select the delegation method.

Signature possible instead of seal.

### O Recipients of payment (Please check the following contents. If there are errors, please correct in red ink)

Name	Relationship	Date of birth
姫路 太郎	世帯主	S56.7.8
姫路 花子	妻	H3.4.5
姫路 一郎	子	R2.3.4
If the name is too long, it may not be displayed. Thank you for understanding.	Total Amount	300,000 円

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Yes/No

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### O Account at a Financial Institution (in the name of the applicant/recipient only)

→Please fill out the necessary information, and attach a copy of the document confirming your account on the back of this form. **Financial** 1 Main Office Account Name 安田 2 Branch Office nstitutions other %Please fill in katakana 3 Sub-branch than Japan Post Please fill in o or the other. Account Туре Account 7 Bank 6 1 Savings 2 Current Number Account Name Japan Post Code Number %Fill in from right

Bank									NO1	<b>7</b> • (1 111					XPlea	ase fill	in kat	akana
) '	(Post Office)	1				0												
 official use	e only (Please do no	ot fill in th	 he foll	owing	 column	 is)	Pleas	e see	"Terms	of Ag	reemer	nt" or	revers	ie -	Attach	ned doo	cumen	ts on re
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# O Attached Documents

## Applicant's Identification Document (Please attach copy)

Driver's License

'My Number' Individual Number Card

Health Insurance Card

Pension Book etc.

In the case of a proxy application, please attach a copy of the proxy's identification document in addition to that of the head of the household as listed on the front of this form.

## Account Confirmation Document (Please attach copy)

#### Passbook

(Name of financial institution, branch name, account type, account number, account holder's name (katakana))

Or

#### Cash Card

Items in which the aforementioned contents can be confirmed

### Terms of Agreement

Upon applying for the Special Cash Payment, you agree to the following conditions:

- ① Public records may be checked to confirm you qualify to receive the payment.
- ② If confirmation is not possible by means of public records, you may be asked to submit relevant documents. Residences in other municipalities may also be checked.
- ③ After this application form has been approved by Himeji City, it will be treated as an invoice for the Special Cash Payment.
- ④ If Himeji City cannot make the payment due to discrepancies in the bank account details submitted below, or if the City cannot contact or confirm the head of the household (applicant/recipient) or a proxy within the application period, up to 3 months after applications began, the City shall deem the said application to have been retracted.
- [5] If you receive the Special Cash Payment from another municipality, you will be obliged to return it.
- ⑥ If, for any reason, household members recorded on the Basic Resident Register other than the head of the household are found to have received the Special Cash Payment in duplicate, they will be obliged to return it.