

Special Benefits Allocation Application

Those who have a MyNumber Card can also apply online from the "Mynportal"

To:	Mayor of Kumamoto City	Date of Application	20	(Y)	(M)	(D)
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1. Head of Household (Applicant / Recipient)

(Furigana) Name	Date of Birth	Current Address
Signature (Sign Yourself)		〒
		Daytime Phone Number ()

I agree to the following terms and will attach the proper documents to verify my identity and my bank account information as part of my application. Furthermore, I entrust the director of the Kumamoto City Special Benefits Allocation Section with my application for these benefits.

- (Conditions)**
- ① Public records in Kumamoto City's possession will be used to confirm the qualifications of each applicant.
 - ② If my information can't be confirmed through public records, I will submit additional necessary documents or allow the person in charge to consult other municipal bodies.
 - ③ If the deposit cannot be completed because the account information is incorrect or other similar issues and the city cannot contact me, the applicant, (or my representative) to confirm within 3 months of the date of my application, my application will be considered withdrawn.
 - ④ If I receive a Special Benefits Allocation from a duplicate application to another ward or municipality, I will return the money.
 - ⑤ If it becomes clear that I have received benefits on behalf of a family member (other than the head of the household) listed on the fundamental resident registry that has already received Special Benefits Allocation for certain reasons, I will return those benefits.

If Someone is Applying on Your Behalf	(Furigana) Representative Name	Relation to Applicant	Representative's Address		
			〒		
			Daytime Phone Number ()		
I recognize the person above as my representative and entrust them with my Special Benefits Allocation:		Application · Request Receipt Application · Request & Receipt	← If the person is your legal representation, you do not need to select an entrustment method.	Name of Head of the Household	Signature (Sign Yourself) (印)

<Attachment 1> → Please paste the applicant's (and the representative's, if applicable) proof of identity.

2. Who will receive the benefits (Please confirm the information written below and correct any mistakes in red pen)

No.	Name (印字)	Relationship (印字)	Date of Birth (印字)	Special Fixed Benefits? <input type="checkbox"/> Want <input type="checkbox"/> Don't Want	Office Processing
1	(印字)	(印字)	(印字)	<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
2	(印字)	(印字)	(印字)	<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
3	(印字)	(印字)	(印字)	<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
4				<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
5				<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
6				<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
7				<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
8				<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
9				<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
10				<input type="checkbox"/> Want <input type="checkbox"/> Don't Want	
Total Amount		(印字) Yen		↑ Please select one of the two options (If you don't, it will default to "I Want Special Benefits Allocation")	

3. Where Benefits Will Be Deposited (only accounts belonging to the applicant, recipient, or representative)

【Recipient Account Input Column】 (Please do not put an account that has not had any deposits or withdrawals for a long period of time.)

Account Owner's Name (Kana)	
In the case of direct deposit ⇒ Financial Institution Name (Except Yuucho Bank)	Branch Name Type Account Number (Please write from the right side)
1. Bank 2. Shinken Bank 3. Credit Union 5. JA 6. JF 7. JF Marin	Main Branch Local Office 1 Regular 2 Checkin g
In the case of a Post Office Bankbook Deposit ⇒ Yuucho Bank	Bankbook Code (If you have a 6th digit, please write it in the box with the ※) Bankbook Number
If you selected Yuucho Bank, please write the code or numbers written on the top left of the savings bankbook spread or that is written on your cash card.	1 0 ※ — 1
Office Processing Column	
Bank Code	
9 9 0 0 -	
Bank Code	
-	
Confirmation Document	
Identity	
Representative	
Account	
# of People	
Determined Amount	0,000 Yen

<Attachment 2> → please paste a copy of something that has the account info on it.

※If you do not have an account at a financial institution, you will receive your benefits via postal money order. Please fill in 1 and 2 and then send this application back.

《Filling in the Necessary Information》

If there are no corrections to part 2's eligible beneficiaries (the list of household members), you can finish your application by filling in only four things: ① the day you apply (the day you are sending your application back), ② the head of household's signature, ③ a phone number you can be reached at during the day, and ④ information about the bank account where the benefits should be deposited.

For those who do not have an account with a financial institution, you can send in your application without writing number ④. Instead, we will send the applicant a postal money order that you can exchange for money at a nearby post office.

《If You Would Like a Representative to Apply or Receive Benefits on Your Behalf》

Only members of the household or legal representation (such as one who holds power of attorney when the represented is incapacitated) may be allowed to apply or receive benefits on another's behalf. Please ask for more details about the necessary conditions.

If a representative is applying on your behalf, the applicant (head of the household) must sign on the lower right of the representative application section, so

特別定額給付金 申請書【Example】

マイナンバーカードをお持ちの方はインターネットの「マイナポータル」から、オンラインでも申請でき

宛先	熊本市	長殿	申請日	2020年○月○日
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1 世帯主(申請・受給者)

(フリガナ) 氏名	生年月日	現住所
クマモト タロウ	1945/10/1	〒860-0808 熊本市中央区手取本町1番1号
署名(自署) 熊本 太郎		日中に連絡可能な電話番号 090(1234)5678

- 下記の事項に同意のうえ、本人確認書類および口座確認書類を貼付してください。
- また、本申請書の給付金の請求を熊本市特別定額給付金に申請する場合は、以下の事項に同意する必要があります。
- ① 受給資格の確認に当たり、熊本市の特別定額給付金に関する規定に同意する。
 - ② 公簿等で確認できない場合は、関係書類を提出する。
 - ③ 口座の不備等で振り込みが完了せず、申請者(代理人も含む)に連絡・確認を行う。
 - ④ 他の市区町村で重複して特別定額給付金を申請している場合があること。
 - ⑤ 住民基本台帳に記載されている世帯主と異なる世帯に属していることが判明した場合には、世帯主の氏名を訂正する。

We ask that the applicant (head of the household) write their signature here. Stamping your Inkan is only necessary if the representative writes the applicant's name for them. Together with this, please paste a copy of a document (such as a Residence Card, MyNumber Card, Driver's License, etc.) that can verify the applicant's identity to the back side.

Only fill in the representative application section in the case that a representative is applying on your behalf. If so, the head of the household's (the applicant's) signature is required here. If the representative writes the applicant's name for them, the applicant's inkan stamp is also required here. Also, in addition to documents verifying the head of the household's identity, please paste a copy of a document that verifies the representative's identity (MyNumber Card, Driver's License, etc.) to the backside.

※ There are necessary conditions to be a representative applying or receiving benefits on another's behalf that must be met.

代理申請の場合のみ	(フリガナ) 代理人氏名	申請者との関係	代理人住所
			〒 日中に連絡可能な電話番号 ()
上記の者を代理人と認め、特別定額給付金の申請・請求を受給することを委任します。 ← 法定代理の場合は、委任方法の選択は不要です。		世帯主氏名	署名(又は記名押印)

If any member would like to decline the benefits or if anyone on the list is not a member of the household on April 27th due to death or other circumstances by April 26th, please put a check by "Don't Want" in the Check Column. When you do so, please correct the total amount of benefits you should receive in red pen.

<添付書類1> → 申請者(代理申請の場合、代理人及び世帯主)の「本人確認書類」を貼付欄に貼付。

2 給付対象者(下記の記載内容を御確認ください。もし記載に誤りがあれば、朱書きで訂正してください)

氏名	続柄	生年月日	特別定額給付金を	事務処理
1 熊本 太郎	世帯主	1965/10/1	<input type="checkbox"/> 希望する <input type="checkbox"/> 不要	
2 熊本 花子	妻	1966/4/1	<input type="checkbox"/> 希望する <input checked="" type="checkbox"/> 不要	
3 熊本 春夫	子	1995/12/1	<input type="checkbox"/> 希望する <input type="checkbox"/> 不要	
4 熊本 夏子	子の妻	1997/3/1	<input type="checkbox"/> 希望する <input type="checkbox"/> 不要	
5 熊本 秋子	子の子	2020/4/25	<input type="checkbox"/> 希望する <input type="checkbox"/> 不要	
6 熊本 冬子	子の子	2020/4/25	<input type="checkbox"/> 希望する <input type="checkbox"/> 不要	
7			<input type="checkbox"/> 希望する <input type="checkbox"/> 不要	
8			<input type="checkbox"/> 希望する <input type="checkbox"/> 不要	
9			<input type="checkbox"/> 希望する <input type="checkbox"/> 不要	
10			<input type="checkbox"/> 希望する <input type="checkbox"/> 不要	
合計金額			500,000円 400,000円	

In this section, we have listed all of the people that were written in the Basic Resident Register on April 27th. If you have submitted a notification of birth or a notification of someone moving in with you after April 27th, please add the eligible household members using red pen. If this is the case, please also correct the total amount of benefits you should receive in red pen.

3 振込先金融機関口座(申請・受給者又はその代理人の口座に限ります。)

【受取口座記入欄】(長期間入出金のない口座を記入しないでください。)

口座名義人(カナ)	クマモト タロウ	熊本市事務処理欄	
④ 銀行口座に振込の場合 ⇒ 金融機関名(ゆうちょ銀行を除く)	支店名	分類	口座番号(右詰めでお書きください。)
おしろ	二の丸	1普通	1234567
郵便局の通帳に振込の場合 ⇒ ゆうちょ銀行	通帳記号	通帳番号	
ゆうちょ銀行を選択された場合は、貯金通帳の見開き左上またはキャッシュカードに記載された記号・番号をお書きください。	1	0	1
確認書類		給付決定額	
本人確認	代理人	万円	

Please write the account information of the account in the recipient's name (financial institution name, branch name, type of account, account number). Also, please paste a copy of a document that can confirm all of this information (bank booklet, cash card, etc.) to the back side.

Those who do not have an account with a financial institution will be paid benefits via mailed postal money orders. Therefore, these applicants may send in their application without writing their

<添付書類2> → 振込先口座がわかるもののコピーを貼付欄に貼付。

※ 金融機関の口座がない方のみ、郵便為替での給付を行います。(1、2のみを記入し返送して下さい。)

処理番号

Attachment Paste Sheet

Pasting Column 1 Applicant's (the Head of Household on Your Certificate of Residence) Copy of Proof of Identity Document

Please attach one of the documents that is written below.

- A Copy of Your Residence Card

- A Copy of Your Driver's License

- A Copy of Your MyNumber Card

- A Copy of Your Health Insurance Card

- A Copy of Your Pension Booklet (etc.)

Pasting Column 2 Document with Information about Your Account for Deposit

- A Copy of Your Bankbook (a part that has the account number written on it)

Or

- A Copy of Your Cash Card (etc.)

■ If the account is the applicants' (the recipient of benefits), and it's registered with the municipality where your residence is located to pay for water or regional taxes (etc.), then you do not have to attach a copy of your bankbook or cash card.

Checklist

In addition to confirming what is written below, please put a check in each box after you confirm each item.

- ① Double check that the information you filled in has no omissions or errors.
- ② In particular, please compare the bankbook number you wrote on the form with the number that is on the attached copy of your bank book to make sure they are the same.
- ③ Please make sure you are not forgetting to attach a necessary document.