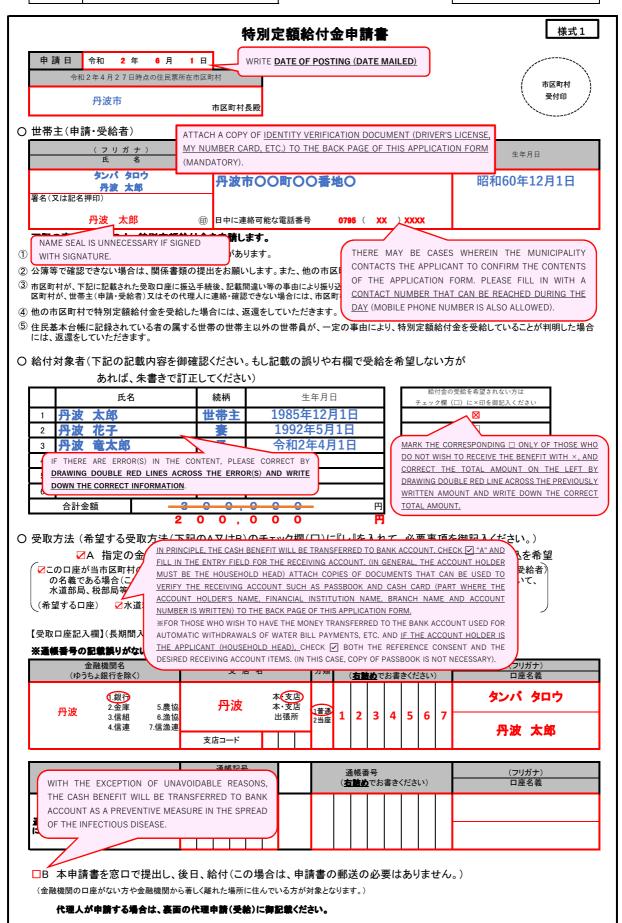
赤色	ENTRY FIELD
青色	DEFAULT (PRINTED BY THE MUNICIPALITY)

SAMPLE



(申請書裏面)	FOR PROXY APPLICATION BY A PERSON OTHER THAN THE HOUSEHOLD HEAD (APPLICANT RECIPIENT) PLEASE FILL UP THE FOLLOWING.
【代理申請(受給)を行う場合】 【 ELIGIBLE REPRESENTATIVE FOR PROXY APPLICATION 】	代理人住所
1 A MEMBER OF THE HOUSEHOLD IN WHICH THE APPLICANT · RECEPIENT BELONGS TO AS OF APRIL 27, 2020 2 LEGAL REPRESENTATIVE 3 A RELATIVE OR A PERSON RECOGNIZED AS SOMEONE WHO PROVIDES DAILY HELP/ASSISTANCE TO THE APPLICANT · RECEPIENT (FOR 3, CONFIRMATION PERIOD MAY BE DEEMED NECESSARY).	[NECESSARY DOCUMENTS FOR PROXY APPLICATION] · IDENTITY VERIFICATION DOCUMENTS OF THE HOUSEHOLD HEAD (APPLICANT · RECEPIENT) AND THE REPRESENTATIVE · (FOR 2 AND 3 REPRESENTATIVE ON THE LEFT), PROOF OF RELATIONSHIP OF THE HOUSEHOLD HEAD (APPLICANT · RECEPIENT) AND THE REPRESENTATIVE
申請者本人確認 写し貼り付け ・運転免許証のコピー ・マイナーバーカード 手帳のコピ	ナ `のコピー ・健康保険証のコピー
ZAIRYU CARD COPY, DRIVER'S LICEI CARD COPY, HEALTH INSURANCE CI PENSION BOOK COPY	NSE COPY, MY NUMBER
振込先金融機関口座 写し貼付け 番号が書かれた	
COPY OF THE CASH CARD, COPY OF THE E CONTAINING THE ACCOUNT INFORMATION	BANK PASSBOOK (THE PART
チェックリス (以下の項目について必ず御確認の上、確認後はチェッ	ック欄(口)にレを入れてください。)
②特に、御記入いたが添付した通帳の	ないか再度御確認ください。 コピーの番号が一致することを
御確 ③添付: AFTER FILLING IN THE INFORM SURE TO CHECK THE FOLLOW MARK ON THE CHECK LIST BC	VING ITEMS AND