

# Entry Guide

XXXXXXXX

長崎市〇〇町〇〇番〇〇号

Doe John

XXXXXX

6-digit postal code

For use by Nagasaki City

Personal ID	Bank Account Documents
Eligible Persons	Confirmed Benefit Amount
	Yen

バーコード

XXXXXXXXXX

8-digit household number

## Postal Application (OCR) Special Cash Payment Application Form

My Number Card Holders can apply on the internet using the MynaPortal website.

Addressee	<b>Mayor of Nagasaki City</b>	Application Date	令和 2 年 〇 月 〇 日
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With consent to the below terms, I am applying with the attached personal identification and bank account identification documents.

### 【Terms of Agreement】

- I agree to have my eligibility for the benefit checked via the public records owned by Nagasaki City.
- If my eligibility cannot be confirmed in the public records, I agree to submit the necessary documents. I understand that Nagasaki may contact other municipalities to check my current address.
- I agree that the application will be deemed withdrawn if the benefit cannot be disbursed due to a discrepancy in my bank account information etc., and Nagasaki City cannot contact me, the applicant (or agent), within three months from the date applications open.
- I agree that if I have applied for Special Cash Payments in other municipalities I will return them.
- I agree that I will return the benefit if it is found that a member of my household other than the head of household who is registered in the Basic Resident Registration System receives a Special Cash Payment due to certain grounds.

<Head of Household (Applicant and Receiver)> \*If the applicant is not the head of household, please also fill out the representative applicant fields.

Address	長崎市〇〇町〇〇番〇〇号		
Katakana	ドー ジョン	D.O.B	1985/10/1
Name	Signature* <b>DOE JOHN</b> (印)	Phone	*Please enter a telephone number contactable during the day 〇〇〇 - 〇〇〇〇 - 〇〇〇〇
※ For application through representative	Name of Representative with Katakana Reading Above	Relationship with head of household	Address of Representative
I recognize the above individual as my representative and entrust him/her with { Application Receiving my benefit Application and receiving benefit } ← selection unnecessary if represented by legal guardian.			Head of Household Name Signature or print and stamp (印)

< Attachment 1 > (Please check the box if you have attached the document)

Applicant Identification	<input checked="" type="checkbox"/> Attached
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※Check one

< Receivers of Benefit > (Family members on residence record)

No selection will be deemed a "Yes."

	Name	Birthday	Relationship	Applying for Benefit	For Use by Nagasaki City
1	Doe John	昭和 60 年 10 月 1 日	世帯主	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	Doe Jane	平成 2 年 4 月 1 日	妻	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3	Doe Jill	令和元年 12 月 31 日	子	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	

The fields for entering bank account information are on the reverse side



※Please fix any mistakes with red ink.

(Application Reverse Side)

<Method of Receiving Benefit> (Check one)

Possession of Account	<input type="checkbox"/> I have a bank account	<input type="checkbox"/> I do not have a bank account
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◆ Receiving Benefit via Bank Account Deposit (Only applicant's bank account is acceptable)

Account Holder (katakana)	ド - ジ ヨ ン														
⇒Deposit via postal account	Passbook Code					Passbook Number									
	1				0	-									
⇒Deposit via bank account	Account Number														
<input type="checkbox"/> Bank · Vault · Credit Union · <input type="checkbox"/> Credit Federation · Agricultural Cooperative · Fishing Cooperative	○○		HQ Branch		<input checked="" type="checkbox"/> regular	<input type="checkbox"/> checking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For use by Nagasaki City									
(Bank Code)									
9	9	0	0	-					
(Bank Code)									
				-					

<Attachment 2> (Please check after affixing to the attachment areas provided.)

Copy of bank account information	<input checked="" type="checkbox"/> Attached
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## Attachment Fields

### Attachment 1 Copy of Applicant's (Head of Household Registered in Resident Record or Representative) Personal Identification

Please attach a copy of one of the following:

- Driver's License.
- My Number Card
- Health Insurance Card
- Pension Booklet

### Attachment 2 Document detailing bank account information

- A copy of your passbook (portion where bank account number is written)

or

- A copy of your cash card