	Year	Month	Day
Date of Application:	年	月	日

## **SAMPLE**

To: The Mayer of Suginami City
I am applying for the Special Cash Payment
in compliance with conditions mentioned below.

			Pronunciation in Katakana								
밀	nt)	Name									
onseho	<b>Recipient</b> )	Date of B	irth Year	Month	Day						
Head of Household	pplicant/R	Current A	Address								
Ĭ	(A	Daytime	Phone Nur	nber							
			(	)							

## Application Form for the Special Cash Payment

- ① The local government may check your public records to ensure your eligibility.
- 2 If the local government cannot confirm your eligibility, you may be required to submit additional documents. Also, the local government may refer to other local city offices to your place of residence.
- If the local government is unable to make the payment due to your mistakes in the bank account information on this form, or if the local government cannot contact you by the specified period (3 months from the date of the application), the application will be considered as withdrawn.
- If you get duplicate payments from another local governments, you will be asked to refund them.
- (5) If it is found that a person other than your household member as registered in the Basic Resident Register receive the payment, he/she will be asked to refund it.

ORecipients (Please check the information below.)
If the person does not wish to receive the payment, please write "希望しない"(I do not wish to receive the payment) in the remarks box.

	Name	Relationship	Date of Birth	Remarks		
1	Name 1	Head of Household	Year month day			
2	Name 2	Wife	Year month day			
3	Name 3	Child	Year month day			
Total	amount	¥				

OYour Bank Account Information (Do not pick out the account that has not been used in a long time.)

Bank Name (Excluding Japan Post					Bank JA Bank Shinkin Bank Credit Union					Branch Name									
Bank)	Bank Code				Branch Code			Type of Account		Bank Account Number (Fill in the squares, right-justified))									
								1 Saving 2 Current											
Japan Post	Bank Code				Passbook			Code		Passbook Number (Fill in the squares, right-justified)									
Bank	9	9	0	0	1			0											
Name of	Name(Pronunciation in Katakana)(Left-justified)																		
account																			
holder	Name(Please write exactly same as the name on your passbook)																		