Kanazawa City Special Cash Payment Application Form（Invoice）

（Addressee）Mayor of Kanazawa City

Head of Household （Applicant/Recipient） ※The following information will not be used for any reason except cash payment affairs

Name		Application date	令和２年　M　D
Signature　印		Date of Birth	
Address		Please write the phone number we can use to contact you during the day TEL（　　）　　－	

Those who agree to the following points, and have provided their identity verification document and bank account verification document, will hereby apply for the special cash payment.

① I agree to confirm my eligibility for the cash payment in public records etc.
② If I can not confirm my eligibility in public records etc, I will submit related documents.
③ In the case that the money transfer is not completed due to reasons such as errors in paperwork, and the city can not contact or confirm with the head of household (applicant / receiver) or their proxy by Monday, August 24, 2020, the application will thereby be considered to be withdrawn.
④ Benefits will be refunded in the following cases:
- When you receive special cash payments repeatedly from other municipalities.
- When it is found that household members other than the head of household listed in the Basic Resident Register have received special cash payments for certain reasons.

Individual Payment Targets (Certifcate of Residence Household Members)

Answer will be considered "YES" if not entered

	Classification	Name	Date of Birth	Request for Special Cash Payment?
1				☐YES ☐NO
2				☐YES ☐NO
3				☐YES ☐NO
4				☐YES ☐NO
5				☐YES ☐NO
6				☐YES ☐NO
7				☐YES ☐NO
8				☐YES ☐NO
9				☐YES ☐NO
10				☐YES ☐NO
11				☐YES ☐NO
12				☐YES ☐NO

※If the billing amount changes due to withdrawal of payment etc., please correct the amount and stamp with correction seal.

Total Amount of Claim yen

Receiving Bank Account Entry Field

Please attach a copy of passbook (portion with bank account number and account holder

	last name	first name
Account Holder Name (Kana)		

Fields to be filled out by Kanazawa City

（全銀コード）

Financial Institution Name	Branch	Account number
銀行　金庫　信組 信連　農協　漁協	本店 支店	☐普通 ☐当座

In Case of Application via Proxy

Relationship to applicant: ☐Member of same household ☐legal representative ☐other

Proxy Name	Date of Birth	Proxy Address
印		

The person above is recognized as a proxy entrusted with the Application / Claim Receipt Application / Claim and Receipt of the special cash payment. **Head of Household Name** 印

Fields to be filled out by Kanazawa City

口座確認書類　☐有　☐無

本人確認書類　☐有　☐無

☐運　☐健　☐パ　☐年　☐他

受付	入力	確認