

Side A

## Hamamatsu City Special Cash Payment Application Form

Please confirm and accept the following conditions before applying.

### Conditions

1. Public records will be used to confirm your eligibility.
2. If your eligibility cannot be confirmed using public records, we will ask you to submit relevant documents. We will also check if you are residing in other municipalities.
3. If the transfer cannot be completed due to a mistake in the bank account written below, and the city is unable to contact the applicant or the representative by the deadline of 3 months from the start of application period, the application will be withdrawn.
4. If you receive the Special Cash Payments from a duplicate application to a different municipality, you will be asked to return it.
5. If it is found that a household member other than the head of the household (as registered in the Basic Resident Register) has received the Special Cash Payments, they will be asked to return it.
6. If it is found that you have applied for the Early Application or applied online and have already received the Special Cash Payment or have received a duplicate payment, you will be asked to return it.

#### **\*Eligibility for Special Cash Payment**

People listed on Hamamatsu City's Basic Resident Register as of April 27, 2020.

#### **\*Recipient of Special Cash Payments**

The head of the household listed on Hamamatsu City's Basic Resident Register as of April 27, 2020.

**Application Example and Things to Note**

Please use a **black ball pen** to fill in the application form clearly and accurately. Do not use erasable pens or pencils.

1.
  - Please confirm that the names and dates of birth are correct.
  - **To remove a name, strike out the name with two lines.**
  - If the name is incorrect, strike out the name with two lines and write the correct name.
2. If the applicant is signing their name directly, the personal seal is not needed.
3. Fill in the relevant items and attach a copy of the bank book or cash card in the same envelope.

〒430-0936  
静岡県浜松市中区砂山町 325-6  
日本生命浜松駅前ビル 5F

浜松 太郎 様



1234567890123

**提出用 B**

令和2年5月29日  
浜松市長

下記の対象者の確認欄に記入されている方は、令和2年4月27日（金曜日）において浜松市の生活福祉会報に掲載されており、特別定額給付金の対象と想定されますので、申請書を送付いたします。

申請書にご記入のうえ、添付書類とあわせて、同封の返信用封筒にてご返送ください。

浜松市特別定額給付金担当

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浜松市 特別定額給付金 申請書（請求書）
申請期間：令和2年9月8日（火）まで

**1 給付対象者の確認**
給付金額（一人につき） **100,000円**

・対象者の氏名・生年月日が正しいことを確認してください。印刷の関係上、氏名の文字が途中で切れている場合がございます。ご了承ください。  
・対象者のうち、誤事情により給付金を「辞退する」方がいる場合は、氏名を二重線で削除してください。

No	氏名	生年月日
1	浜松 太郎	昭和00年00月00日
2	浜松 花子	昭和00年00月00日
3	浜松 一郎	昭和00年00月00日
4	浜松 次郎	昭和00年00月00日

**2 世帯主（申請・受給者）の記名・押印【誓約と同意】**

・凡例の【誓約・同意事項】を確認・同意のうえ、記名・押印をしてください。（代筆可。申請者が自ら署名した場合は押印不要可。）

記入日 令和 年 月 日 申請者氏名 \_\_\_\_\_ 印 \_\_\_\_\_

日中の連絡先（ ） -

**3 給付金受取口座の指定**

世帯主氏名	預金種目	世帯主の口座（カクカ）


**Enquiries**

Hamamatsu City COVID-19 Call Center  
 TEL: 0120-368-567  
 Opening Hours 8.30am-5.15pm  
 \*Including weekends and public holidays.

When making an enquiry, please tell us your application number (申請書番号) at the bottom of the application.

〒430-0926  
 Shizuoka-ken, Hamamatsu-shi,  
 Naka-ku, Sunayama-cho 325-6  
 Nihon Seimei Hamamatsu Ekimae Building 5F

Taro Hamamatsu



1234567890123

The application form is sent to people whose names are written in Part ① as they are registered in Hamamatsu City's Basic Resident Register as of April 27, 2020 and are thus eligible for the Special Cash Payments.

Please fill in the form and attach the relevant documents in the return envelope.

*Hamamatsu City Special Cash Payment Office*  
 Hamamatsu City Mayor  
 29 May 2020

**Hamamatsu City Special Cash Payment Application Form**

**Deadline: Until 8 September (Tue)**

**① Confirmation of Recipients Eligible for the Payment**

Payment Amount: 100,000 yen/person

- Please check that the name and date of birth of the eligible recipients are correct.  
 (Due to printing issues, there may be cases where the characters are cut off. Thank you for your understanding.)
- If you would like to **remove** a person among the eligible recipients, please strike out the name **using two lines**.

No.	Name	Date of Birth
1	Hamamatsu Taro	Showa 00 Year 00Month 00Date
2	Hamamatsu Hanako	Showa 00 Year 00Month 00Date
3	Hamamatsu Ichiro	Showa 00 Year 00Month 00Date
4	Hamamatsu Jiro	Showa 00 Year 00Month 00Date

**② Signature/Seal of Head of Household (Applicant/Recipient) – Acceptance of Conditions**

Please confirm and agree to the conditions written in Side A before writing your name and stamping your personal seal. (The name can be written on the behalf of the head of household. If the head of household is writing it personally, the seal is not needed.)

Date: Reiwa Year Month Date				Applicant Name			
記入日	令和	年	月	日	フリガナ	申請者氏名	印
				日中の連絡先 ( ) -			

③ Designated Bank Account for Transfer of Payment

Name of Financial Institution (Bank)				Account Type				Account Holder			
				1. Normal (futsu)							
				2. Checking Account (toza)							
Branch Code *Excluding Japan Post Number * For Japan Post Bank				Account Number *Excluding Japan Post Account Number * For Japan Post Bank							
支店コード(店番号) ※ゆうちょ銀行以外				口座番号 ※ゆうちょ銀行以外							
記号 ※ゆうちょ銀行				番号 ※ゆうちょ銀行							

\*If you want to apply for or receive your payment through a representative, please fill in the information on side C-4.

Side C

④ Application through a representative (Qualifying people only)

If the applicant is a representative other than the head of the household, please sign/stamp your personal seal below. (If the head of household/ representative has signed the form personally, the seal is not needed.) If the representative’s relation to the head of the household is “Other”, please fill in more information in the brackets below. In addition, please attach and send back to us the corresponding documents in the table below.

The person below is recognized as the representative and will:  
 ( Apply for / Apply and Receive / Receive )  
 the payment on the behalf of the Applicant. Please circle one.

Head of Household

世帯主記入欄	下記の者を代理人と認め、給付金の (申請・請求) / (申請・請求および受領) / (受領)を委任します。	世帯主 氏名	印
代理人記入欄	フリガナ	代理人住所 (所在地)	印
代理人 氏名 (名称)	〒      -      日中の連絡先 (      )      -		
代理人 生年月日	年      月      日	世帯主 との関係	<input type="radio"/> 同一世帯 <input type="radio"/> 法定代理人 <input type="radio"/> その他 (続柄:      )

	Relationship to the Head of the Household		
	Member of Household	Legal Representative	Other
Qualifying People	Registered on the same Certificate of Residence (juminhyo) as the Head of Household	<ul style="list-style-type: none"> <li>• Guardian (of an adult)</li> <li>• Curator (hosanin) appointed by a judge</li> <li>• Assistant (hojonin) appointed by a judge</li> </ul>	Family or someone who normally looks after the head of the household daily
Required Documents	Copy of representative’s identification documents	<ul style="list-style-type: none"> <li>• Copy of the representative’s Certificate of Registered Matters (toroku jiko shomeisho) or Court Certificate (saibansho no shomeisho)</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of representative’s identification documents</li> <li>• Someone who normally looks after the head of the household daily must write a letter explaining the circumstances.</li> </ul>

<Example> (Please use a **black ball pen** to fill in the application form clearly and accurately. Do not use erasable pens or pencils.)

世帯主記入欄	下記の者を代理人と認め、給付金の (申請・請求) / (申請・請求および受領) / (受領) を委任します。		世帯主 氏名	浜松 太郎	
代理人記入欄	フリガナ	ハママツ ハナコ	代理人 住所 (所在地)	浜松市中区XXXX	
	代理人 氏名 (名称)	浜松 花子 	〒	430-XXXX日中の連絡先(053)456-XXXX	
	代理人 生年月日	昭和00年 00月 00日	世帯主 との関係	同一世帯	法定代理人 (その他 (続柄: ) )

## Side D

### Documents for Submission

- **Copies of identification documents (belonging to the people who filled in sides B-2 and C-4)**
  - If you have Japanese nationality
    - \*Choose **one** from the options below. It has to be valid and show your full name, date of birth and the document's history of updates.
      - Driver's License
      - Basic Residents Card (With photo)
      - Physical Disability Handbook
      - Health Insurance Card
      - My Number Card (Photo side only)
    - \*My Number Notification Card with no photos cannot be used.
      - Medical Handbook
      - Passport
      - Recipient Certificate for Elderly Long-term Care
      - Pension Handbook etc.
  - If you do not have Japanese nationality
    - \*Choose **one** from the options below.
      - Residence Card(Zairyu Card) (Front and Back)
      - Special Permanent Residence Certificate (With photo)
  
- **Copy of your Bank Book (for the Bank Account designated in Side B-3)**
  - Japan Post Bank
    - Copy of the first page of your bank book (The page with the numbers needed for bank transfers)
  - Other Banks excluding Japan Post Bank
    - A copy of either one of the following:
      - Copy of the first page of your bank book
      - For bank accounts with no bank books, a copy of your cash card.

Japan Post Bank Example

12345 1234567  
お名前 ハマツタロウ 様  
お住所 (郵便番号 000-000)  
静岡県浜松市〇〇〇〇〇丁目  
〇-〇  
記号 番号  
株式会社ゆうちょ銀行  
(金融機関コード: 0000)  
静岡県浜松市 静岡通商信用〇〇〇〇〇〇〇〇  
株式会社ゆうちょ銀行  
印紙税の負担  
印紙税の負担  
印紙税の負担

Make sure the Bank Account Number is clearly shown.

Other Banks Example

口座名義人 預金種目  
普通預金  
ハマツタロウ  
店番号 口座番号  
123 1234567  
店番号 口座番号  
お取扱店 浜松銀行  
浜松支店  
金融機関名

Make sure the Bank Name, Account Type, Account Holder's Name and Bank Account Number are clearly shown.

- \*Please copy all documents on A4 paper.
- \*Fold the A4 papers into quarters and enclose them in the return envelope