

# ¥100,000 COVID-19 Payout

English Translation

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The Tokyo Life  
[thetokyolife.jp](http://thetokyolife.jp)

May 2020

## Application Form Type 1 (Japanese)

特別定額給付金申請書 様式1

1 申請日 令和 年 月 日

2 氏名 3 住所 4 生年月日

〒(郵便番号) プレミアム プレミアム プレミアム プレミアム

5 

氏名	続柄	生年月日	給付金受取希望の口座 ※本人の口座(口)に受取人記入
1 千代田 太郎	世帯主	昭和30年1月1日	<input type="checkbox"/>
2 千代田 花子	妻	平成2年2月1日	<input type="checkbox"/>
3 千代田 誠子	子	令和元年12月1日	<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>
合計金額	3 0 0 , 0 0 0 円		

6  指定の金融機関口座(世帯主(申請・受給者)又はその代理人の口座に記入)への振込を希望  
 この口座は世帯主以外の家族、住居税等の口座、金融機関の口座に指定している口座である。世帯主(申請・受給者)の名義である場合にのみ振込は可能(キャッシュカードのコピーを添付する必要があります)。  
 但し、当該口座の記入について、本世帯主、世帯主等が同意する必要がある。

7  申請書を送付後、後日、給付にこの場合は、申請書の郵送の必要はありません。  
 (郵送の際は後日、本人や金融機関から届いた届出に記入しているのが好ましいです。)

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## Application Form Type 1 (English)

- Application Date (write "2" for the year 年)
- Full name with signature or hanko (personal seal) at the bottom
- Current Address
- Birthdate
- List the beneficiaries within the household by name, relationship, & birthdate. Put an "x" in the appropriate box if the beneficiary does not want to receive this benefit.
- If you wish to receive this payment through a bank transfer, then check the box beside "A". **If you don't have a bank account at a financial institution or live far from one, then skip to point 7.** Check the box in the parentheses if the account is under the head of the household's (applicant/recipient) name and is used to pay for the water bill, residence tax, etc. through

auto-debit or to receive a child-care allowance, etc. (In this case, there is no need to attach a copy of your passbook or cash card.) By checking this box, you consent to your account being verified by the appropriate office.

**Below that, check the first box for a water bill account, the second box for a residence tax account, and the third for a child-care allowance account.**

- 6.1. Financial institution's name and circle what type of financial institution:
  - 6.1.1. 銀行 (Bank)
  - 6.1.2. 金庫 (Treasury)
  - 6.1.3. 信組 (Credit Union)
  - 6.1.4. 信連 (JA Bank)
  - 6.1.5. 農協 (Agricultural Cooperative)
  - 6.1.6. 漁協 (Fisheries Cooperative)
  - 6.1.7. 信漁連 (Marine Bank)
- 6.2. Branch name and circle what type of branch (check with your bank):
  - 6.2.1. 本店 (Main Office)
  - 6.2.2. 支店 (Branch Office)
  - 6.2.3. 本所 (Main Office)
  - 6.2.4. 支所 (Branch Office)
  - 6.2.5. 出張所 (Branch Office)
  - 6.2.6. **支店コード**: Enter your branch code
  - 6.2.7. Circle what type of account this is:
    - 6.2.7.1. 普通 (Regular or Savings)
    - 6.2.7.2. 当座 (Checking)

- 6.3. Account Number
- 6.4. Name associated with the account (must be written exactly as how your name is registered with the bank)

**6.5. If you have a Japan Post Bank account, fill in your information here.**

- 6.6. Passbook Code
- 6.7. Passbook Number
- 6.8. Name associated with the account (must be written exactly as how your name is registered with the bank)

**7. Check B only if you don't have a bank account at a financial institution or live far from one.**

Bring this application form to your municipal office to receive your payment at a later date.

8. If the application is being submitted by a proxy, then this person fills in this part with their information.
9. Attach a copy of verifying document(s):
  - 9.1. Driver's License
  - 9.2. MyNumber Card
  - 9.3. Health Insurance Card
  - 9.4. Pension Book
- 9.5. If applying through a proxy, they must also attach their verifying documents.**
10. Check the three boxes to indicate you've completed the following:
  - 10.1. There are no errors and all relevant information has been provided

- 10.2. Ensured the passbook number matches the copy attached
- 10.3. Ensured all attached documents are correct

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- We may check with public records to confirm your eligibility.
- If we cannot confirm your eligibility with public records, we will ask you to submit relevant documents. In addition, we may confirm your residence with other municipalities.

- If the municipality is unable to make the payment (due to incorrect account information, etc.) and the municipality fails to contact or confirm with the applicant or their proxy within three months from the start date of application, the application will be considered forfeited.
- If you receive a special payment from another municipality, please return it.

## Application Form Type 2 (Japanese)

郵送申請用 (OCR) 特別定額給付金 申請書

マイナンバーカードをお持ちの方は、インターネット上の「マイナンバータテ」から、オンラインでも申請できます。

1 氏名 プレプリント市長 様 申請日 20 年 月 日 様式2

2 住所 プレプリント住所 プレプリント方書

3 フリガナ アノイ付付 生年月日 プレプリント生年月日

4 (フリガナ) 代理人氏名 代理人住所

5 送付書類1 (2枚目に貼付したらチェック欄 (口) にし) 申請書の「本人確認書類」を貼付しました。

6 給付対象者 (住民票の世帯員)

7 受取方法 (いずれかにし) 口座の有無

8 送付書類2 (当てはまるものにし)

9 市区町村事務処理欄

(申請書2枚目)

123456-02

添付書類 貼り付け用紙

9 貼り付け欄 その1 申請者 (住民票の世帯主) の「本人確認書類の写し」


10 貼り付け欄 その2 振込先口座がわかる書類

11 チェックリスト



## Application Form Type 2 (English)

1. To apply, agree to the following terms and attach the necessary documents for verification.
  - 1.1. We may check with the municipality's public records to confirm your eligibility.
  - 1.2. If we cannot confirm your eligibility with public records, we will ask you to submit relevant documents. In addition, we may confirm your residence with other municipalities.
  - 1.3. If the municipality is unable to make the payment (due to incorrect account information, etc.) and the municipality fails to contact or confirm with the applicant or their proxy within three months from the start date of application, the application will be considered forfeited.
  - 1.4. If you receive another special payment from another municipality, please return it.
  - 1.5. If for any reason another member of the household, other than the head of household according to the Basic Resident Registry, receives the special payment, please return it.
2. Full Name
3. Contact Number
4. If applying through a proxy, have them fill out this section.
5. Check to confirm that you've attached supporting documentation.
6. List the beneficiaries within the household by name, relationship, birthdate, and check if they wish to receive (希望する) the benefit or not (不要).
7. If you have a bank account, check the box (金融機関の口座がある). If not, check the next box.
  - 7.1. Name associated with the account (must be written exactly as how your name is registered with the bank)
  - 7.2. **If you have a Japan Post Bank Account, enter your passbook code here.**
  - 7.3. **If you have a Japan Post Bank Account, enter your passbook number here.**
  - 7.4. For other banks choose the following:
    - 7.4.1. 銀行 (Bank)
    - 7.4.2. 金庫 (Treasury)
    - 7.4.3. 信組 (Credit Union)
    - 7.4.4. 信連 (JA Bank)
    - 7.4.5. 農協 (Agricultural Cooperative)
    - 7.4.6. 漁協 (Fisheries Cooperative)

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- 7.5. Branch name followed by circling the type of branch (check with your bank):
    - 7.5.1. 本店 (Main Office)
    - 7.5.2. 支店 (Branch Office)
  - 7.6. Circle what type of account this is:
    - 7.6.1. 普通 (Regular or Savings)
    - 7.6.2. 当座 (Checking)
    - 7.6.3. Enter your bank account number
  8. The municipality has a record of transactions (withdrawals or deposits) with the mentioned bank account above.
    - 8.1. なし (No, please attach a copy of a document that shows the account)
    - 8.2. あり (Yes, please choose what type of documentation the municipality has)
      - 8.2.1. 市区町村の税金、保険料等 (Municipal tax, health insurance, etc)
      - 8.2.2. 水道料の引落 (Water bill auto-debit account)
      - 8.2.3. 児童手当の振込 (公務員を除く) (Child-care allowance account (excluding civil servants))
  9. Attach a copy of verifying document(s):
    - 9.1. Driver's License
    - 9.2. MyNumber Card
    - 9.3. Health Insurance Card
    - 9.4. Pension Book
  10. Attach a copy of verifying documents for bank transfer:
    - 10.1. Copy of passbook (page with account number)
    - 10.2. Copy of cash card, etc
  11. Check the three boxes to indicate you've completed the following:
    - 11.1. There are no errors and all relevant information has been provided
    - 11.2. Ensured the passbook number matches the copy attached
    - 11.3. Ensured all attached documents are correct