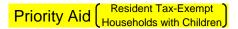
## **English Translation of Verification Form**

NOTE: This English translation is for REFERENCE ONLY. You must complete the form in Japanese, either on paper or online.



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Ref #

Issued Date: 2024/MM/DD

Mayor of Oita ADACHI Shinya

## Supplemental Relief Payment for Low Income Households with Children **Verification Form**

Your household is eligible to receive this relief payment based on your resident registration as of December 1, 2023 and your residence tax status for the fiscal year 2023. Please see the boxed information below for the expected amount you will be receiving from us.

Please verify the information and mail the filled form to us by May 31, 2024.

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your choice.

**%**Failure to submit the filled form to us by the due date will be deemed a refusal of the relief payment.

Method:	Bank transfer	
Amount:		
	Eligible Children:	(50,000  yen for each eligible child )
	ur bank account information on the bao ment (別紙) for the list of eligible childr	ck page and mail it together with the required documents. en in your household.
■Please have the	Head of Household fill this form	
choice. To be eligible for th	e payment, you must meet ALL c	ne the relief payment by encircling your conditions outlined in numbers 1, 2, and 3. bly to you, please encircle "decline."
$\langle$ Conditions for	Receiving the Payment $ angle$	
1. All members of the	household are not claimed as depende	ents by any other individuals on the residence tax.
2. No household mer	mber is earning undeclared taxable incor	ne.
3. I am not receving i	inflation relief payment from another mur	nicipality.
Please encir		old would like to decline

※ If you are exempted from residence tax due to the Income Tax Convention, you are not eligible for this payment.

the relief payment.

※ If there are any errors found on this form, you may be asked to return the money. If you are not sure whether you are a dependent or not, please ask your relatives to confirm if someone is claiming you as a dependent on residence tax. You may be charged with fraud if it is determined that you intentionally filled the form incorrectly.

## I hereby declare that the information given above is true and correct.

Date	YY	MM	DD		
Head of Household's Name				Daytime Phone Number	

**%** Please write the name exactly as it is appears on the upper left corner of this form.

Proceed to back page

[Account Information]

Bankbook

% Please provide proof of bank account ownership. See below for details.

X Please do not provide a bank account that does not have any activity for an extended period.

Financial Institution	Branch	Account Type	Account Number ※ Please make sure the last digit is in the farthest right-hand	Account Holder (Katakana or Alphabet) ※ Please provide the name as it appears on the bankbook.
1. Bank (銀行) 4. Shinren (信連) 7. Shingyoren (信漁連) 2. Kinko (金庫) 5. Nokyo (農協) 3. Shinkumi (信組) 6. Gyokyo (漁協)		1. Ordinary 2. Checking		
Financial Institution Code	Branch Code			
Japan Post Bank (Yucho Bank)	Bankbook Code	×F	Account Number Please make sure the last digit is in the farthest right-hand column.	Account Holder (Katakana or Alphabet) ※ Please provide the name as it appears on the bankbook.
If your want to use your Japan Post Bank account, please fill in the following details that can be found on your bankbook or cash card.	1 0 *			

Please fill in the details below if you want to the form and/or receive the menoy on your behalf

Name in Furigana	Relation to	Data of Dirth	Address and Dhane Number
Representative's Name	the Head of Household	Date of Birth	Address and Phone Number
			Daytime Phone Number ( )
	to : my behalf. You do not need to if the proxy is your representative.		Head of Household's Name
			※Please write the name exactly as it appears on the
			upper-left corner of the front page of this form.
Attach photocopies of the	e required	documents	and then check the boxes below.
_	-		
Proof of Identification			
	. driver's license	, health insurance	card, My Number Card (front side), pension book,
※ Photocopy of a valid ID e.g.	. driver's license ertificate, passpo	, health insurance ort photo page, etc	card, My Number Card (front side), pension book,
※ Photocopy of a valid ID e.g. long-term care insurance ce	. driver's license ertificate, passpo <b>t ownershi</b> p	, health insurance ort photo page, etc <b>)</b>	card, My Number Card (front side), pension book,
<ul> <li>Photocopy of a valid ID e.g. long-term care insurance ce</li> <li>Proof of bank accoun %Please provide a photocopy</li> </ul>	. driver's license ertificate, passpo <b>t ownership</b> of bankbook or	, health insurance ort photo page, etc <b>)</b> cash card that she	card, My Number Card (front side), pension book,

(If you do not have a bankbook) ※ Please photocopy the entire spread page of the Japan Post Bank Bankbook.

Cash Card

information.

## **※** If you appointed a representative, it is required to provide a photocopy of his/her valid ID and check the box below.

A photocopy of your Representative's valid ID X Examples: driver's license, health insurance card, My Number Card (front side), pension book, long-term care insurance certificate, passport photo page, etc.

Japan Post Bank Bankbook

(If you wish to use Japan Post Bank)