

Address
Name of Household Head

Form No.
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◎Contact  
Komatsu City Health & Welfare Department, Welfare Division  
【TEL】 0 7 6 1 ( 2 4 ) 8 0 5 5  
【FAX】 0 7 6 1 ( 2 3 ) 0 2 9 4  
【E-Mail】 fukushika@city.komatsu.lg.jp  
【Phone Reception Hours】 Mon-Fri 9 : 0 0 ~ 1 7 : 0 0

Notice on Payment of Cash Handout for Households Exempt From Resident Tax Etc.

Based on your tax payment status in 2024, you are eligible for the Cash Handout for Households Exempt From Resident Tax Etc., as detailed below.

(This notice is sent to registered heads of household as of December 13 2024)

1. Recipient

Name		Date of Birth	
Address			

2. Amount

Handout of	30,000 yen
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3. Payment Method

To be paid via	Bank transfer	The handout will be transferred to the following bank account on February 28 2025. Please check that the details are accurate.			
Recipient Account	Bank	*****		*****	
	Account type	*****	Account No.	*****	Account Holder *****

The above information includes the account information of the accounts to which benefits were paid in the past. If you wish to change the account to which benefits will be transferred, please submit an application form for changing the account information by February 19,2025 (Wed.) (must arrive by this date). Note: If no changes are made, there is no need to submit a form.

4. Important Notes

Please inform us via the contact provided at the top by 30 May 2025, if any of ①~④ below applies to you.

- ①As of December 13 Jun 2024, all household members are dependents of other relatives etc. who are paying resident tax.  
②As of December 13 Jun 2024, there is/are household member(s) receiving an unreported salary subject to income-based resident tax.  
③Household already receiving emergency support benefits for households exempt from residence tax in 2024 in other wards, cities, towns, and villages

\*Including households who have not completed procedures by the deadline, or forfeited these other handouts.

- ④Wish to forfeit this cash handout.

※If it is discovered that any of the above applies to you, you may be required to forfeit the cash handout even if it has already been paid.

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## Request Form for Bank Account Change

✂Cut here✂

Please fill in below if you wish for transfer to a different bank account (if the bank account indicated on the front page has been terminated etc.)

☐ In place of the bank account indicated in the notice, I wish for transfer to the following account.

**【Recipient Account】** ※After filling in the following blanks, please attach verification documents for the specified bank account.


Bank Name	Branch Name	Type	Account Number ※align to the right	Account Name (Katakana) ※Write as printed in your passbook
1.銀行 4.信連 7.信漁連 2.金庫 5.農協 3.信組 6.漁協	本・支店 本・支所 出張所	1 Savings 2 Current		
Bank code	Branch code			

Japan Post Bank	Passbook code ( fill in the ※ blank if there are 6 digits )	Passbook number ※align to the right	Account Name (Katakana) ※Write as printed in your passbook
If using Japan Post Bank account, fill in the code (記号) and number(番号) printed on the upper left corner of the inside cover of the passbook, or on the cash card.	1 0 ※		

**Proxy Verification Form**

Please fill in below if the bank account belongs to someone other than the household head.

**【If a proxy (representative) is receiving handout on your behalf】**

P r o x y	Furigana Proxy Name	Relationship with applicant	Proxy's Birthdate	Proxy's Address
		1. Same household 2. Legal proxy 3. ※Others ( )	明治・大正・昭和・平成 (y) 年 (m) 月 (d) 日	
				Phone no. contactable in the day ( )
I appoint the above as my proxy, and entrust them to receive my emergency cash handout on my behalf.				Name of household head Signature (or stamped name) 

※ "Others" refers to relatives or other persons caring for the household head on a regular basis, as specially recognized by the mayor.

※If you are requesting transfer to a different account from indicated on the front page, or for a proxy to receive on your behalf, you are required to submit your (or your proxy's) personal ID for verification. \*A copy of one of the following: My Number Card (with photo), driver's license, passport, health insurance card.