

Address Name of Household Head

Form No.

◎Contact
Children & Families Department , Childcare Support Division
【TEL】 0761 (24) 8057
【FAX】 0761 (24) 4312
【E-Mail】 shien@city.komatsu.lg.jp
【Phone Reception Hours】 Mon-Fri 9 : 00 ~ 17 : 00

Notice on Payment of Inflation-Support Cash Handout for Resident Tax-Exempt Households
(Top-up for Households With Children)

Based on your tax payment status in 2023, you are eligible for the Inflation-Support Cash Handout for Resident Tax-Exempt Households, as detailed below.

(This notice is sent to registered heads of household as of 1 Dec 2023)

1. Recipient

Name		Date of Birth	
Address			

2. Eligible Children	Name	Date of Birth
1		(y/m/d): 年 月 日
2		(y/m/d): 年 月 日
3		(y/m/d): 年 月 日
4		(y/m/d): 年 月 日
5		(y/m/d): 年 月 日
6		(y/m/d): 年 月 日
7		(y/m/d): 年 月 日
8		(y/m/d): 年 月 日

※List all children (up to 18 years old, born from 2 Apr 2005 onwards) who are part of the same household, as of 1 Dec 2023

2. Amount

No. of eligible children	人	Total payment	円
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4. Payment Method (as a general rule, will be transferred to account of household head)

To be paid via	Bank transfer	To be transferred on 26 March 2024.			
Recipient	Bank	*****		*****	
Account	Account type	*****	Account No.	*****	Account Holder *****

The account previously used to receive the Emergency Cash Handout for Emergency Cash Handout for Resident Tax-Exempt Households is detailed above. If you wish to use a different account, please submit the application form on the reverse page, by **18 March 2024 (delivery deadline)** *submission not required if no change.

If you wish to decline this handout, please contact the Childcare Support Division.

4. Important Notes

- If it is discovered after payment of the handout that you are no longer eligible, due to modifications to tax declaration etc., you may be asked to refund the handout.
- Beware of scammers requesting for bank transfer or personal information in the name of this handout.

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Request Form for Bank Account Change

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) <div>印</div>

※ "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.