Address	
Name of	©Contact
Household Head	Komatsu City Health & Welfare Department, Welfare Division [TEL] 0 7 6 1 (2 4) 8 0 5 5
Form No.	[FAX] 0 7 6 1 (2 3) 0 2 9 4 [E-Mail] fukushika@city.komatsu.lg.jp
	[Phone Reception Hours] Mon-Fri $9:00 \sim 17:00$

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

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

(This notice is sent to registered heads of household as of 3 Jun 2024)

1. Recipient

Name	Date of Birth	
Address		

2. Amount

Handout of 100,000 yen

3. Payment Method

To be paid via	Bank transfe	r				ing bank account on 25 July 2024. ils are accurate.
Recipient	Bank	*****			******	
Account	Account type	*****	Account No.	*****	Account Holder	*****

Either the account registered on Mynaportal for receiving public funds in the recipient's name, or the account used for previous handouts is detailed above. If you would like to use a different account, please submit the application form for changing accounts on the reverse page, by 16 Jul 2024 (Tue) (date to be received). *Submission not needed if no changes.

4. Important Notes

Please inform us via the contact provided at the top by 16 Jul 2024, if any of $\mathbb{D}\sim4$ below applies to you.

①As of 3 Jun 2024, all household members are dependents of other relatives etc. who are paying resident tax.

②As of 3 Jun 2024, there is/are household member(s) receiving an unreported salary subject to income-based resident tax.

^③Household has already received the 2023 emergency cash handout for resident tax-exempt households (70,000 yen top-up), 2023 emergency cash handout for households subject to only per capita resident tax (100,000 yen), or 2024 Cash Handout for Households Newly Exempt From Resident Tax (100,000 yen), from another municipality.

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

4 Wish 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.



≫Cut here≫

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 verfication documents for the specified bank account.

Bank Name	Branch Name	Туре	Account Number Xalign to the right	Account Name (Katakana) Write as printed in your passbook
1.銀行 4.信連 7.信漁連	本•支店	1 Covinge		
2.金庫 5.農協	本·支所	1 Savings		
3.信組 6.漁協	出張所	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	1 0			
the cash card.				

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]

Р	Furigana Proxy Name	Relationship with applicant	Proxy's Birthdate	Proxy's Address		
r		1. Same household	明治・大正・昭和・平成			
o x		2. Legal proxy				
y y	3. [*] Ot	3. [*] Others	(y) 年 (m) 月 (d) 日			
		()		Phone no. contactable in the day ()		
	appoint the above as my proxy, and entr n my behalf.	ust them to receive my	Name of household head			

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

XIf 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.