

How to fill in the application for special fixed value benefit

In order to prevent the spread of the new coronavirus infection and provide swift and accurate support to each household, Japan's government has decided to give 100,000 yen benefits per person. The beneficiaries of the grant are those who are listed in the Resident Registration database per 27 April 2020 (April 27, Reiwa 2). The application is carried out on behalf of the beneficiary (the head of the household to which the beneficiary belongs). The beneficiary will receive an application form by mail from the municipality in which they live. Fill out the required parts of the document and send it back by mail.

What to prepare

- Household's STAMP
- Passport or Driver license or My Number card
- Cash card or Bank passbook

1 Date of application 申請日

2 A householder 世帯主 (申請・受給者)

A householder (or head of the household) is a person who represents a household. (It's recorded on the Resident Registration) The application documents will be sent to the beneficiary (in this term is the householder).

Date of birth in Japanese calendar 生年月日

Wareki (Japanese Calendar) is a calendar system unique to Japan. The convert table between the Western Calendar and the Japanese calendar could be easily found on the internet.

Telephone Number. 電話番号

There may be a confirmation call from your municipality. Insert a phone number that can be contacted.

3 Family member 給付対象者

The beneficiaries' name is listed in this column. If there is any differences or mistake, please use a red pen to draw a double line in the correction area and add the corrected content in the blank column.

Relationship to the applicant 続柄

Relationship refers to relatedness or connection between the household and cohabitant.

Total Fee 合計金額

Number of people x 100,000 yen
E.g.: 400,000 yen for a family of 4

4 Method to receive the money 受取方法

There are two ways to receive the benefit: transfer to a financial institution account or direct payment at the local government office.

For those who have an account in a financial institution, please choose A.

For those who don't have an account or live far from the financial institution, please choose B.

Check the box next to the desired selection method.

It is highly recommended to receive the benefit via transfer to a financial institution account.

If you have an account, choose A as much as possible.

A Bank transfer 口座振込

Receive the payment as a bank transfer to a designated account (limited to that of the Head of Household/Applicant or of a representative)

*Ensure that your passbook number is correct.

If entered incorrectly, the receipt of Special Fixed Benefits may be delayed

- ① Encircle the account type: savings account (1) or checking account (2)

B Window Application 窓口申請

Submit this application form in person and receive the Special Fixed Benefits at a later date (In this case, it is not necessary to also mail the application form)

(This option is for those who do not have a bank account, or who live far away from their nearest bank)

特別定額給付金申請書 様式1

e.g. June 1, Reiwa 2

1 申請日 令和 2 年 6 月 1 日

令和2年4月27日時点の住民票所在市区町村

石垣 市長殿

2 世帯主(申請・受給者)

(フリガナ) 氏名	現住所	生年月日
Furigana(Katakana) 署名(又は記名押印) Name of householder	Current Address Ishigaki-city Misaki-cho XX 日中に連絡可能な電話番号 XXX-XXXX-XXXX	明治・大正・昭和・平成 YEAR/MONTH/DAY 年 月 日

3 給付対象者(下記の記載内容を御確認ください。もし記載の誤りや右欄で受給を希望しない方があれば、朱書きで訂正してください)

氏名	続柄	生年月日	給付金の受給を希望されない方はチェック欄(□)に×印を御記入ください。
1 householder's name	世帯主	1970.01.11	<input type="checkbox"/>
2 Wife's name	妻	1970.02.22	<input type="checkbox"/>
3 Kid's name	子	2000.03.03	<input type="checkbox"/>
4 Kid's name	子	2003.04.04	<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>
合計金額	400,000円		

4 受取方法 (希望する受取方法(下記のA又はB)のチェック欄(□)に『レ』を入れて、必要事項を御記入ください。)

A 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限り)への振込を希望

Bank Account Details (Do not enter details of an account which has not been used for a long period of time) 【受取口座記入欄】(長期間入金のない口座を記入しないでください。) Receiving account entry field

※通帳番号の記載誤りがないか再度御確認ください。通帳番号の記載誤りがあると、給付が遅れることがあります。

金融機関名 (ゆうちょ銀行を除く)	支店名	分類	口座番号 (右端からお書きください。)	(フリガナ) 口座名義
Bank name (excluding Japan Post Bank) 1.銀行 2.金庫 3.農協 4.信連	Branch name / Branch code (3 digits) 支店コード XXX	1普通 2当座	Account number (fill in starting from the right) XXXXXX	Account holder's name (in katakana) Account holder's name
ゆうちょ銀行	通帳記号 (6桁目がある場合は、※欄に御記入ください。)		通帳番号 (右端からお書きください)	(フリガナ) 口座名義
ゆうちょ銀行を選択された場合は、貯金通帳の見開き左上またはキャッシュカードに記載された記号・番号をお書きください。	1 XXX 0 ※		Passbook number (fill in starting from the right) XXXXXXXX	Account holder's name (in katakana) Account holder's name

※Passbook code (starts with 1 and ends with 0). If there is a 6th digit, fill it in

B 本申請書を窓口で提出し、後日、給付(この場合は、申請書の郵送の必要はありません。)(金融機関の口座がない方や金融機関から著しく離れた場所に住んでいる方が対象となります。)

代理人が申請する場合は、裏面の代理申請(受給)に御記載ください。

If you have asked for someone to apply on your behalf, please use the Proxy Application on the backside of this form

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5 For Someone who is Applying on your Behalf だいにり しんせい 代理申請

It is also possible to apply (and to receive) by using a representative if there are unavoidable circumstances.

- 1 **Name of representative** 代理人氏名
- 2 **Name of representative (Furigana)** フリガナ
- 3 **Relationship to the applicant** 申請者との関係
- 4 **Date of birth of representative** 代理人生年月日
- 5 **Address of representative (Phone number)** 代理人住所、電話番号
- 6 **A. When you will delegate the application / request**
B. When you delegate the payment
C. When you delegate both application and payment
- 7 **Name of householder** 世帯主氏名
- 8 **Stamp** 印鑑

6 Applicant identity verification document (Attach a copy)

しんせいしゃほんにんかくにんしよるい うつ は
申請者本人確認書類 写し貼り付け

Passport or Driver license or My Number card

* If you are making an application by proxy (for receipt of payment) please attach a copy of an Identification Verification Document for the proxy

7 Bank account's verification document where the money will be sent (attach a copy)

ふりこみさき きんゆうきかん こうざ かくにんしよるい
振込先金融機関口座 確認書類

Cash card or Bank passbook

8 Checklist チェックリスト

1. Confirm that there are no errors or omissions in the information provided.
2. Ensure that the Passbook Number you entered matches that on the attached copy of your Passbook.
3. Ensure you have attached all the requested documents.

SAMPLE

(申請書裏面)

5 【代理申請(受給)を行う場合】

代理人	(フリガナ) 代理人氏名	申請者との関係	代理人生年月日	代理人住所
	①	③	明治・大正・昭和・平成 年 ④ 月 日	⑤ 日中に連絡可能な電話番号 ()

上記の者を代理人と認め、特別定額給付金の「申請・請求A」を委任します。
「受給B」 ← 法定代理の場合は、委任方法の選択は不要です。
「申請・請求及び受給C」

世帯主氏名 ⑦ 署名(又は記名押印) ⑧

6 申請者本人確認書類
写し貼り付け
・運転免許証のコピー ・マイナンバーカードのコピー ・健康保険証のコピー
・年金手帳のコピー 等
※ 代理申請(受給)を行う場合は、代理人の本人確認の写しも添付してください。

7 振込先金融機関口座確認書類
写し貼り付け
通帳(口座番号が書かれた部分)のコピー
または
キャッシュカードのコピー 等

8 チェックリスト
(以下の項目について必ず御確認の上、確認後はチェック欄(□)にレを入れてください。)

- ① 御記入いただきました項目に記載漏れ、記載誤りがないか再度御確認ください。
- ② 特に、御記入いただいた通帳番号と添付した通帳のコピーの番号が一致することを御確認ください。
- ③ 添付資料に漏れがないか御確認ください。

The due date for application is three months after the application start date.

Be sure to apply within the deadline.

If you have My Number, it is also possible to submit the application online

Beware of scams claiming benefits.

We never ask for fees or ATM operation.

If you receive such a request, please report or consult the police immediately.