

How to apply for the Special Cash Payment Grant

Disclaimer

- ☑ Please understand that **the application method and form for the grant may be different depending on the municipality, and may not necessarily match the ones posted. In that case, please ask for our assistance.**
- ☑ This translation is provided to assist foreign residents. **OIHF will not be liable for any reason whatsoever if the user of this translation fails to receive the benefit as a result of the application.**
- ☑ If you have any questions when applying, please feel free to contact us.

Stop Fraud

There are people who will try to steal your precious assets by offering “to help.” **The government, municipalities, and OIHF will NEVER do any of the below:**

- **Ask you to use an ATM**
- **Request service charges related to the benefit payment**

Contact:

Okinawa International Exchange and Human Resources Development Foundation (OIHF)
TEL: 098-942-9215 E-mail: kokusai@oihf.or.jp FB: <http://www.facebook.com/oihf60>

Do NOT use erasable ballpoint pen when applying. Use an Indelible pen.

①

Date of Submission :

Reiwa-era **2**/(MM)/(DD)

*This year is Reiwa 2 year in Japanese era.

You can fill out in year/month/day notation. e.g., 2020/5/14

This circle is for "Office Use Only." **Do not press your name seal (Inkan)**

特別定額給付金申請書

様式1

申請日 令和 **2** 年 ○ 月 ○ 日

令和2年4月27日時点の住民票所在市区町村

○○

市区町村長殿

Fill out your city/town/village you live as of April 27th, 2020

市区町村
受付印

○ 世帯主(申請・受給者)

(フリガナ)	現 住 所	生年月日
氏 名		
プレプリント	プレプリント住所△プレプリント方書	明治・大正・昭和・平成
署名(又は記名押印)	日中に連絡可能な電話番号	年 月 日
Zaiden, Taro	○○○ (○○○○) ○○○○	

Print your name and press your name seal (Inkan). If you do not have your name seal, your signature is okay.

Fill out the phone number that can be reached during the day .

Date of Birth:
If you do not know Japanese era, you can fill out DOB in year/month/day notation. e.g., 1982/10/31

下記の事項に同意の上、特別定額給付金を申請します。

- ① 受給資格の確認に当たり、公簿等で確認を行うことがあります。
- ② 公簿等で確認できない場合は、関係書類の提出をお願いします。また、他の市区町村に居住地の確認をさせていただくことがあります。
- ③ 市区町村が、下記に記載された受取口座に振込手続後、記載間違い等の事由により振り込みが完了せず、かつ、申請受付開始日から3ヶ月後の申請期限までに、市区町村が、世帯主（申請・受給者）又はその代理人に連絡・確認できない場合には、市区町村は当該申請が取り下げられたものと見なします。
- ④ 他の市区町村で特別定額給付金を受給した場合には、返還をしていただきます。
- ⑤ 住民基本台帳に登録されている者の属する世帯の世帯主以外の世帯員が、一定の事由により、特別定額給付金を受給していることが判明した場合には、返還をしていただきます。

Please make sure the following conditions to apply.

I hereby agree to the following things and apply for a Special Cash Payments:

- ① We may check with a public book about your application eligibility.
- ② If we are unable to confirm your application eligibility in the public books, we may ask you to submit the relevant documents. In addition, we may confirm the place of residence with other municipalities.
- ③ Municipalities will withdraw application if the following applies after the transfer procedure to the receiving account listed below.
The transfer is not completed due to a mistake in the description, and the municipality cannot contact or confirm with the head of the household (application / receiver) or its agent by the application deadline three months after the application reception start date.
- ④ If you receive a Special Cash Payments from another municipality, you have to return it.
- ⑤ If it turns out that a member of the household other than the head of household receives the Special Cash Payments, you have to return it.

This is the list of the eligible people who will receive the grant. The information is supposed to be pre-printed. If there is no information, please fill out the required fields. Also if the information is pre-printed and contains incorrect information, correct it in red.

Caution: This column is for the person who wish NOT to receive the grant. Please keep in mind that the total amount of grant will be deducted if you mark "X" here.

○ 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、赤字で訂正してください)

	氏名 Name	続柄 Relation to the head of the household	生年月日 Date of Birth	
1	Zaidan, Taro	世帯主	昭和60年10月1日	<input type="checkbox"/>
2	Zaidan, Hanako	妻	平成2年4月1日	<input type="checkbox"/>
3	Zaidan, Jiro	子	令和元年12月31日	<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
合計金額 Total amount of grant			300,000 円	

Total amount of grant : This amount is number of people multiplied by 100,000-yen. This total amount will be transferred in your designated bank/postal account. If the total mount of grant is not printed, please write it by yourself.

Please fill out your bank/postal "JP Yucho" account information. Please do not fill out both. **Only fill out either bank or postal "JP Yucho" account information.** **If this information is not correct, it will take time to receive the grant.**

Mark here with ☒, so that the grant will be transferred to your designated account.

Name and code of Branch*

*You can find the branch code on your cash card/ passbook.

Account Number:
Align numbers to right edge

Name of
the Bank

長期間入出金のない口座を記入しないでください。)

※通帳番号の記入が誤りがあると、振込が滞ることがあります。

Bank
Account
Information

Postal "JP
Yucho"
Account
Information

金融機関名 (ゆうちょ銀行を除く)	支店名	口座番号	(フリガナ) 口座名義
1. 銀行 2. 金庫 3. 信託 4. 信連 5. 農協 6. 漁協 7. 信連連	本・支店 本・支所 出張所 支店コード	1. 普通 2. 当座	ザイダン タロウ Zaidan, Taro

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 (※欄にお書きください)	(フリガナ) 口座名義
ゆうちょ銀行を選択された場合は、貯金通帳の見当を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 0		

Passbook Symbol:
If there is a sixth digit,
please fill in the *column.

Name of Account holder:

***The name of the account holder must be same as the applicant.**

*Be sure to write it with the name you gave to the post office or bank. Please write in katakana if you submit it in katakana and in alphabet if you submit it in alphabet.

*If you forget either, please check with the bank before writing.

You need to send this with the required documents (copy of cash card, copy of passbook, etc.) that are the same as your account information you have written here (Documents must be attached in another section). Make sure the copy matches what you wrote here.

This section is for proxy application. If you are the applicant, skip this section.

Applicant confirmation documents

Paste the copy of one of the following documents:

- Copy of residence card
 - Copy of driver's license
 - Copy of "My Number Card (Plastic card with facial photo)"
 - Copy of health insurance card
 - Copy of the pension book, etc.
- When making a proxy application (recipience), please also attach a copy of the identity verification of the proxy.

Confirmation documents of financial institution account

Paste the copy of the one of the following documents:

- Copy of passbook (portion with account number written)
- Copy of cash card, etc.

Checklist

Be sure to check the following items and enter ☒ in the check box.

- ☒ Please check again if there are any omissions or errors in the items you have filled out.
- ☒ In particular, please make sure that the passbook number you filled out matches the number on the copy of the attached passbook.
- ☒ Please check the attached materials for leaks.

(申請書裏面)

【代理申請(受給)を行う場合】

代理人	(フリガナ)	申請者との関係	代理人生年月日	代理人住所
	代理人氏名		明治・大正・昭和・平成 年 月 日	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			を委任します。 ←法定代理の場合は、委任方法の選択は不要です。	署名(又は記名押印)
申請・請求 受給 申請・請求及び受給			世帯主氏名	

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。

振込先金融機関口座確認書類

写し貼付け

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

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(口)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。

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