

Letter of Proxy

(Foreign Residents · Change of Address)

To the Mayor of Niihama City

Date Y M D

Applicant (Person Requesting)	Furigana				Date of Birth		
	Name				Y	M	D
	Address						
Entrusted matters	<input type="checkbox"/> Move (within the city) <input type="checkbox"/> Move in <input type="checkbox"/> Move out <input type="checkbox"/> Merger of household <input type="checkbox"/> Separation of household <input type="checkbox"/> Change of household						
	Others ()						
Name of person(s) moving	1	2	3	4			
	Reason for appointing a proxy						
1. Illness		2. Business trip		3. Busy		4. Others ()	
Entrusted matters following the change of address	My Number	<input type="checkbox"/> Change of details on My Number Card / Basic Resident Registration Card (for continued use)					
	Obtaining Certificate of Residence	<input type="checkbox"/> Relationship <input type="checkbox"/> My Number <input type="checkbox"/> Resident Register Code					
		<input type="checkbox"/> All (Nationality / Status of Residence) <input type="checkbox"/> Not necessary ※For foreign residents only					
	Purpose	All household members: _____ copies Part of household: _____ copies					
	Obtaining Tax Certificate	<input type="checkbox"/> Proof of tax payment <input type="checkbox"/> Proof of income (Taxation / Tax-exemption Certificate)					
		<input type="checkbox"/> Latest Year <input type="checkbox"/> Year: _____					
	Long-Term Care Insurance	<input type="checkbox"/> Change of address on the Long-Term Care Insurance Card					
National Health Insurance	<input type="checkbox"/> Application procedures (Subscription, Loss, Change) <input type="checkbox"/> Collection of certificate(s)						
National Pension	<input type="checkbox"/> Subscription <input type="checkbox"/> Application for exemption <input type="checkbox"/> Application for Special Payment System for Student						

O If the abovementioned Applicant is not the household owner, please fill in this column to conduct procedures relating to National Health Insurance.

Applicant (Person Requesting)	Furigana				Date of Birth		
	Name of Household Owner				Y	M	D
	Address						
Entrusted Matter	National Health Insurance	<input type="checkbox"/> Application procedures (Subscription, Loss, Change) <input type="checkbox"/> Collection of certificate(s)					
		Others ()					

I hereby appoint the following person as proxy to carry out the matter(s) above.

Proxy (Representative)	Furigana				Date of Birth		
	Name				Y	M	D
	Address						

Precautions:

- The form must be filled in by the Applicant (Person Requesting). If the Applicant cannot write in Japanese, please write in Roman alphabet.
- Document inquiry will be conducted for procedures to change the details and to continue using My Number Card / Basic Resident Registration Card. Please note that the procedures cannot be completed immediately on the day of application.
- Certificate of Residence containing My Number or Resident Register Code will be mailed directly to the Applicant (Person Requesting).
- Please be sure to have a copy of your Residence Card and/or passport before leaving it with a Proxy.

※For more details, please contact "Shimin Ka". Tel : 0 8 9 7 - 6 5 - 1 2 3 2 (DL)

原本市民課保管