

現住所
氏名

様

B2

市受付印

お問合せ番号

For Submission

Eligibility Confirmation Form for the One-off Cash Benefits Program

Benefit Amount
30,000 JPY

To City Mayor,

By signing below, I hereby acknowledge that I have read and understood the eligibility criteria for this cash benefits program. I agree that if there is any error or missing required documents in my submission, and I fail to make the necessary corrections by Friday, May 30, 2025, my household will be automatically considered to have withdrawn from the cash benefits program. I also certify that the bank account details provided below are accurate and request that my cash benefit payment be deposited into this bank account.

Householder's Information

Name		Date	Reiwa yy	mm	dd	Tel	()	—
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*If no correct name is written above, the payment cannot be provided.

Bank Account Details (The householder's bank account is required to be registered. Please avoid registering a bank account that has not been used for a long time)

Bank Name		Brach Office Name	Account Type	Bank Account Number	Holder's Name in Katakana
				*Write it from right to left.	*Make sure to write the name in Katakana.
			1 Saving 2 Checking		
Financial Institution Code		Office Code			

Japan Post Bank	Bank Account Number		Bankbook Number	Holder's Name in Katakana
	If your bank account number consists of 6 digits, please write the 6th number in the field marked "*".		*Write it from right to left.	*Make sure to write the name in Katakana.
Please refer to your JP bankbook or check your JP bank card when filling in your bank account details.	1			1

*If you do not have any bank accounts, you live far away from the nearest bank office, or there are other legitimate reasons to request the payment in cash, please contact the Hikone City Call Center for Special Temporary Cash Handout Programs at 0120-139-105 at your earliest convenience.

*A power of attorney is required if you appoint someone to complete all the necessary procedures or receive your cash benefit payment on your behalf.

*If you hire a legal representative to receive your cash benefit payment, no power of attorney is required. However, you will be required to submit a certificate of registered matters and your representative's identification.

Attach a photocopy of proof of your bank account and a photo identification below using glue.


① A Photocopy of Proof of Your Bank Account

The first and second pages of the bankbook or both the front and back of your bank card.
(If you do not have a bankbook or card, print out the page showing your bank account details from your online banking or mobile app.)

*Make sure to get a clear photocopy of your bank account information, including the account number, account holder's name, and other relevant details.

② A Photocopy of a Valid Photo Identification Form

A Plastic My Number Card, a Driver's License, a Residence Card, a Disability Handbook, etc.



Be sure to check that your submission is complete and free of mistakes. Any errors or missing required documents may significantly delay the cash benefit payment.

Contact Info:
Hikone City Call Center for Special Temporary Cash Handout Programs, Tel. 0120 - 139 - 105

A Power of Attorney

To Hikone Mayor

Date: Reiwa 7, ,

I hereby certify that I am appointing the person named below to complete all necessary procedures to receive the cash benefit payment on my behalf.

Name of Your Attorney-in-fact	Relationship to the Principal	Birth Date of Your Attorney-in-fact	Address of Your Attorney-in-fact
Katakana		yyyy/mm/dd	Zip Code: - Tel ()

Full Name of Principal	
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No power of attorney is needed when assisting an individual eligible for the cash benefits program in filling out the form due to disabilities or other legitimate reasons.

• Please prepare the following documents for each type of your attorney-in-fact.

Type of Attorney-in-fact	Required Document
Same Household Member	Principal's Identification Form and Attorney-in-fact's Identification Form
Legal Representative	Attorney-in-fact's Identification and Certificate of Registered Matters
Other Type of Representative	Principal's Identification Form, Attorney-in-fact's Identification Form, and Proof of Relationship Between the Principal and the Attorney-in-fact (e.g. a <i>Koseki</i> certificate.)

Attach a photocopy of proof of your bank account and a photo identification below using glue.

A Photocopy of A Valid Identification Form of the Attorney-in-fact

A Plastic My Number Card, a Driver's License, a Residence Card, a Disability Handbook, etc.

Please enclose a document proving the relationship between the principal and attorney.

Contact Info:
Hikone City Call Center for Special Temporary Cash Handout Programs, Tel. 0120 - 139 - 105