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氏名



Contact No.

For Submission

Confirmation Form for the Supplemental Cash Benefit

Benefit Amount yen

To Hikone City Mayor,

By signing below, I hereby acknowledge that I have read, understood, and fully agreed to the "Terms and Conditions for Receiving this Cash Benefit" stated at the bottom of Form B. I also agree that my submission will be considered withdrawn if no corrections or additional information are provided following my initial submission by Friday, October 31, 2025, at 4:45 PM.

Details of the Eligible Person (Recipient)

Name	<input type="text"/>	Form Completion Date	Reiwa 7, mm, dd	Tel	() -
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*The benefit payment will not be provided without the recipient's name.

Bank Account Information (The bank account should generally be in the name of the recipient. Please avoid registering accounts that have been inactive for a long period.)

Financial Institution Name		Branch Office	Type	Account Number	Account Holder's Name
				*Fill in the number from the right.	*Be sure to fill in the name in Katakana.
	Bank Kinko Kumiai Nokyo	Mise Shiten Shucchojo	1. Saving 2. Checking	
Financial Institution Code		Office Code			

Japan Post Bank	Bankbook Code	Bank Number	Account Holder's Name
	Please fill in the 6th number in the box marked "*" below.	*Fill in the number from the right.	*Be sure to fill in the name in Katakana.
Please enter the code and number printed at the top left of the open page of your savings passbook or on your cash card.	1 0 *	1	

* Please contact the Hikone Call Center at 0120-139-105 if you do not have any bank accounts, live far away from the nearest bank or have other legitimate reasons why you wish to receive your benefit payment in cash, instead of via bank transfer.

* If you wish to give power of attorney to someone for applying for and/or receiving your benefit payment, you must complete and submit the power of attorney form on the back of this confirmation form.

*If the person you wish to give power of attorney to is a legal representative, no power of attorney is required. Instead, please submit a photocopy of the legal representative's identification and the Tōki Jikō Shōmeisho (Certificate of Registered Matters) or other proof of qualification.

Please attach photocopies of proof of your bank account, your identification, and any other required documents below.

① Proof of Bank Account

*Please ensure that you clearly photocopy the pages of your passbook showing your bank account details and/or your bank card.

*If you do not have a physical passbook, please print out a screenshot or page from the website or mobile app showing your account details.

***Bank account details refer to your account's financial institution code, branch name and code, account number, and account holder's Katakana name.**

② Valid Identification

Acceptable Identification Forms Include: Plastic My Number Card, Driver's License, Disability Handbook, and Residence Card



If your submission lacks any required documents or contains errors, the benefit payment will be significantly delayed. Please double-check that your submission includes photocopies of proof of your bank account and valid identification, and that you have filled in all the required information on the confirmation form.

Contact Information: Hikone Call Center for Temporary Special Cash Handout Programs

The: 0120-139-105, Opening Hours: 9:00 AM - 4:45 PM, Weekdays

Power of Attorney

To Hikone Mayor

Date: Reiwa 7, mm . dd

I hereby certify that I appoint the person named below as my proxy to apply for and/or receive my cash benefit.

Proxy's Name	Relationship to the Eligible Person	Proxy's Date of Birth	Proxy's Address
Katakana: -----		yyyy/mm/dd	Zip Code: - Telephone Number: ()

The eligible recipient is required to fill in the name in the right box to authorize the person named above as your proxy.

When assistance is provided in filling out the confirmation form on behalf of the eligible recipient due to a disability, a power of attorney is not required.

*Make sure to prepare the required documents listed below in order to have the power of attorney approved.
Please note that the required documents may vary depending on the person you wish to appoint as your proxy.

Proxy Type	Requirements
A member of the same household	Photocopies of the Eligible Recipient's ID and the Proxy's ID
A legal representative	A Photocopy of the Proxy's ID and the Tōki Jikō Shōmeisho (Certificate of Registered Matters)
None of the above	Photocopies of the Eligible Recipient's ID and the Proxy's ID, along with proof of their relationship (e.g., a certificate of family registry)

Please attach photocopies of proof of your bank account, your identification, and any other required documents below.

<p>A Photocopy of the Proxy's Valid Identification Accepted Forms of Identification: My Number Card, Driver's License, Disability Handbook, Residence Card, etc.</p>

***Please Enclose Proof of their Relationship Between the Eligible Recipient and the Proxy.**

<p>Contact Information: Hikone Call Center for Temporary Special Cash Handout Programs The: 0120-139-105, Opening Hours: 9:00 AM - 4:45 PM, Weekdays</p>
