

IMPORTANT DOCUMENT

(※Do not submit this form to childcare facilities)

Individual Number Usage Permission Form

個人番号提供書

I hereby submit my Individual Number and consent to Tokushima City inquiring information obtained by other municipalities through data linkage via the My Number System if it is deemed necessary to review the details of my situation (e.g. household status, taxes, etc.) when completing procedures related to the approval of education and childcare benefits, applications for the use of childcare facilities, and approval of subsidies for the use of childcare facilities.

As the "Person in Charge of Processes Using Individual Numbers", I also submit the Individual Numbers of the other members of my household upon thoroughly explaining the purpose for its use and verifying their personal information.

Name of Applicant(※) :

※ Please write the name of the person who will be coming in to complete the application process.

Category	Name	Individual Number (My Number)
Applicant		
Parent/Guardian		
Other Parent/Guardian		
Applicant Child(ren)	Date of Birth / /	
	Date of Birth / /	
	Date of Birth / /	
Other household members (siblings, grandparents, etc.)		

※While submitting this form at the Tokushima City Hall, "Identity verification (number and personal verification)" would be conducted. So please keep the following documents prepared.

- ※ If you have a My Number Card, you can verify both your number and identity by presenting the card.
- ※ If you do not have a My Number Card, you can verify your number and identity separately by presenting the following:
 - Number Verification: My Number Notification Card or Resident Registration Record showing your Individual Number
 - Identity Verification: 1 piece of photo ID (e.g. driver's license, etc.) OR 2 pieces of secondary ID (e.g. insurance card, etc.)

For City Hall Use/市記入欄

番号確認書類 兼 身元確認書類		
<input type="checkbox"/> 個人番号カード (マイナンバーカード)		
番号確認書類	身元確認書類	
	1種類 必要なもの	2種類 必要なもの
<input type="checkbox"/> 個人番号通知カード	<input type="checkbox"/> 運転免許証	<input type="checkbox"/> 健康保険被保険者証
<input type="checkbox"/> 個人番号記載の住民票の写し	<input type="checkbox"/> パスポート	<input type="checkbox"/> 介護保険被保険者証
	<input type="checkbox"/> 身体障害者手帳	<input type="checkbox"/> 年金手帳
	<input type="checkbox"/> 精神障害者保健福祉手帳	<input type="checkbox"/> 児童扶養手当証書
	<input type="checkbox"/> 療育手帳	<input type="checkbox"/> その他証明書等
	<input type="checkbox"/> 在留カード又は特別永住者証明書	()
	<input type="checkbox"/> その他写真付き証明書等	()
	()	()