

(改定)

Power of Attorney

(For Resident Record/Address Change Notification/ Relevant to My Number)

Date (YYMMDD)_____

※The assignor's name must be written by the subject assignor's own hand

To: Mayor of Chuo City

Assignor

Address:

N a m e:

Birth Date (YYMMDD):

Phone No.(should be connected in daytime):

I appoint the following person as my representative (assignee), and entrust the power of the right indicated below;

Assignee (Relationship to the assignor: _____)

Address:

N a m e :

Birth Date (YYMMDD)

Please tick the square(s) to indicate what you entrust.

1. Ask for issuing *JYUMIN-HYO*, *JYUMIN-HYO KISAI JIKO SHOMEISHO*, and *JYOHYO*

1 -1 *JUMIN-HYO* (住民票) Resident record Number of copies required: _____

1 -2 *JYUMIN-HYO KISAI JIKO SHOMEISYO* (住民票記載事項証明書)

The Certificate of Resident Record Number of copies required: _____

1 -3 *JYOHYO*(除票)of *JUMIN-HYO* Number of copies required _____

Deleted Resident Record due to moving out or death

Address of *JYOHYO*(除票) _____

The purpose of this document(s) _____

Remarks: The information of all the family members is recorded on *Jyuminhyo* (住民票), *Jyuminhyo Kisai Jiko Shomeisho* (住民票記載事項証明書), and *Jyohyo*(除票). To clarify which information you require, all the family members or particular member(s), please tick the necessary items from the list. If there is no tick, only assignor's information will be included in the document.

Please tick whichever you require.

all the members

part of the members (Particular one) Name: _____

If you need the following(s), please tick which required. (If you do not tick any, as mentioned the above, these information shall not be on the doc.)

relationship with the head of household

permanent address and the head of household

My Number (In principle, the documents with My Number are to be sent to the recorded address of the assignor by post mail, not be handed to the assignee. If the assignor wish to hand over documents to assignee, please attach a copy of your identify verification such as driver's license or health insurance card).

Only for foreigners Please tick if you would like to list the followings on the doc(s).

Nationality, Area

Information of Stay (Staying Status, Staying Period)

Number of Resident Card or The Certificate of Special Permanent Resident

2. Submitting a notification of moving

2-1 Moving in 2-2 Moving out

2-3 Moving inside of the Chuo City(Just changing the address)

Date of Moving _____

New address _____

Name of all movers _____

3. Receiving **the application form of issuing My Number Card**

Name of the person who need application form

Name _____

Note:

※ 1. Be sure to bring assignee's identity verification documents (ex. MY Number Card/Driving License(Driver's License)/Health Insurance Card/ ZAIRYU (在留) (Residence)Card etc.) **Only the originals** are accepted.

2. In additional, if you request for issuing **the documents with My Number**, the copy of assignor's identity verification such as driver's license is required.