Date of fill-in: Year

4

|  |
| --- |
| Name of Applicant |
| Address |

Month Day

**Providing Individual Number, “My Number”**

In order to apply for nursing facilities authorized by Itabashi City, the applicant is requested to show his/her Individual Number, referred to My Number in the following, and personal identification according to “Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures”, referred to Act as follows. Be sure to fill in every item below and submit with the application form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name with *furigana* | | | Date of birth | | | Address as of January 1, 2023 | | | Name of 1st Choice of Nursery  Name of the facility currently attending | | |
| Guardian 1 |  | | | Year Month Day | | | Name of Municipality | | |  | | |
| My Number |  |  |  |  |  |  |  |  |  |  |  |  |
| Guardian 2 |  | | | Year Month Day | | | Name of  Municipality | | |  | | |
| My Number |  |  |  |  |  |  |  |  |  |  |  |  |
| Child 1 |  | | | Year Month  Day | | | Name of  Municipality | | |  | | |
| My Number |  |  |  |  |  |  |  |  |  |  |  |  |
| Child 2 |  | | | Year Month Day | | | Name of  Municipality | | |  | | |
| My Number |  |  |  |  |  |  |  |  |  |  |  |  |
| Child 3 |  | | | Year Month Day | | | Name of  Municipality | | |  | | |
| My Number |  |  |  |  |  |  |  |  |  |  |  |  |

**【Necessary documents for certifying My Number】**

**Any one of the documents: My Number Card, My Number Notification Card, Resident Certificate with My Number printed**

**【Necessary documents for identifying Applicant】**

**Any two of the documents: National Health Insurance Certificate, Pension Book,　Certification for Public Childcare Facility Benefits, Notification of Coordination for Childcare Facility and other official documents without photo**

Notes

No need to attach photocopies of My Number Card or My Number Notification Card. Requested to submit this document.

Upon application, the applicant is requested to identify him/herself. In case applied by post, include a photocopy of ID document.

Your ID number or My Number shall be utilized within the scope of administrative procedure according to the Article 9 of the Act.

This document shall be submitted according to the Article 14 of the Act.

【Sending by post】

The City Office does not bear any responsibilities for such postal accident as undelivered or damaged on the way. The City Office shall accept such traceable way as Simplified Registration Mail or others to protect specific personal information.