

***Requester must fill this form.**

Power of Attorney

委任状

Date : Year / Month / Date

Requester 委任者

Address : _____

Name : _____ signature

Date of Birth : Year / Month / Date

Proxy to receive below on behalf of requester.

私は、次の一切の権限を下記の受任者に委託します。

(* Please circle the applicable number.)

1. Sign-up or cancellation of National Health Insurance. (国保資格の取得・喪失)
2. Application of medical bills refund. (療養費の申請)
3. Issue or pick up any kind of cards of National Health Insurance. (各種証の受け取り)
4. Others ()

Also, in case the requester fall behind in their payments of NHI tax, the requester will delegate to the proxy about consultation of tax payment.

Proxy 受任者

Address : _____

Name : _____

Date of Birth : Year / Month / Date

*Proxy must show ID / Driver's license / Resident card / Passport at Kutchan Town Office with this form.

事務取扱使用欄	①	免許証・パスポート・障害者手帳・在留カード・特永証・マイナンバーカード・住基カード (写有)・()
①1点 ②2点	②	保険証・年金手帳・年金証書・住基カード (写無)・マイナンバー通知カード・()
②③1点ずつ	③	学生証・法人身分証・官庁資格証 (写無)・診察券・キャッシュカード・()