

RESIDENT REGISTRATION CHANGE FORM

豊田市長様

住民異動届

NATIONAL HEALTH INSURANCE · NATIONAL PENSION PLAN 兼 国民健康保険 · 国民年金届

DATE OF NOTIFICATION and DATE OF CHANGE fields with REIWA YEAR MONTH DAY format.

APPLICANT INFORMATION: SELF, NAME, TELEPHONE, SIGNATURE, and HOUSEHOLDER status.

REPRESENTATIVE'S ADDRESS and NAME fields.

NEW ADDRESS: BUILDING NAME, APARTMENT NUMBER, and HOUSEHOLDER status.

PREVIOUS ADDRESS: BUILDING NAME, APARTMENT NUMBER, and HOUSEHOLDER status.

Main table for movers with columns for FURIGANA, DATE OF BIRTH, SEX, RELATIONSHIP, OCCUPATION, RESIDENT CARD, and NATIONAL INSURANCE/PENSION details.

備考 (Remarks) section with checkboxes for confirmation of notification, insurance, and other administrative matters.

Table for Resident Basic Register Division (住民基本台帳区分) with options for full or partial registration.

Table for National Health Insurance (国民健康保険) and National Pension (国民年金) status and reasons for change.

Table for CHANGE OF HOUSEHOLDER (世帯主変更) with columns for NAME, PREVIOUS ID, NEW ID, and NATIONAL INSURANCE status.

Table for National Pension Change Reasons (国民年金異動事由) with columns for various reasons like death, marriage, etc.

納税相談 (Tax Consultation) section with fields for new and old national insurance numbers and tax consultation status.

注意: 太枠の中のみ記入してください。 (Note: Please enter only within the bold frame.)

異動する人全員(届出人本人も)を記入してください。 (Please enter all movers, including the applicant.)

個人番号変更時期 (Personal Number Change Period) section with fields for '有' (Yes) or '無' (No).