

# 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<sup>(※)</sup> :

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

	Name	Individual Number ( <i>My Number</i> )	Do you have tax info from the past 2 years?
Applicant Parent/Guardian			Yes · No
Other Parent/Guardian			Yes · No
Applicant Child(ren)	Date of Birth / /		
	Date of Birth / /		
	Date of Birth / /		
Other household members (siblings, grandparents, etc.)			

**※ When submitting this form, please present the required ID in order to confirm your Individual Number and identity.**

- 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, resident card, etc.) **OR**  
 2 pieces of secondary ID (e.g. insurance card, pension book, etc.)

For City Hall Use/市役所記入欄 (本人確認書類)

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