

別記第1号様式(第4条関係) **Notification of Change in Residence**  When applied by proxy, a Letter of Proxy is required. **Complete the section framed in black below**

To the Mayor of Itabashi City  転入 (○ 特例)  転出 (○ 特例)  転居  世帯変更(合併 分離 世帯構成 世帯主変更)  修正( )  その他( )

In case of move-out by holders of "My Number Card" (Basic Resident Registration Card), Move-out Certificate information is sent via the Basic Resident Register Network. Please show your Card when submitting your Move-in Form. Entry of your PIN is required

□ 確認済 全有 一無 全 一	Date of transfer (Y) (M) (D)	Date of submission (Y) (M) (D)	Details of Applicant(proxy)	
	New address Postcode <input type="checkbox"/> 自世帯のみ <input type="checkbox"/> 方書略	Name of new household head	Name <input type="checkbox"/> Same as new household head / <input type="checkbox"/> Same as previous household head	
Previous address Postcode	Date of Birth (Y) (M) (D)	Name of previous household head <input type="checkbox"/> Tick if same as above	Address Postcode <input type="checkbox"/> Same as a new address <input type="checkbox"/> Same as a previous address	Tel. No
The person who has My Number Card and Notification Card.	<input type="checkbox"/> Alteration of registered matters / <input type="checkbox"/> Return		Relationship to transferee <input type="checkbox"/> Transferee/household member <input type="checkbox"/> Proxy	

Please fill in for all members who have transferred.						※NHI (National Health Insurance)						区記入欄					
No.	Furigana Name	Date of birth (Y) (M) (D)	Gender M/F	Relation to household head	My Number Card registered as NHI Card?	児手医案	再転 個新 住新	住 未	□期間経過 □免許証・経歴 <input type="checkbox"/> パスポート □個人番号カード(住基カードB) □特永・在留力(外登) <input type="checkbox"/> 身障手帳 □保険証 <input type="checkbox"/> 資格確認書 <input type="checkbox"/> 診察券 □カード等 <input type="checkbox"/> その他 □聴聞 ( ) 異動年月日 <input type="checkbox"/> 届出日をいれた □代理人が届けた 様と同住所別世帯 □台帳確認済 戸建旧名称 □電子証明書失効説明済 □継続処理後裏書 <input type="checkbox"/> 裏面要チェック								
1					YES・NO	国社交元資通高状書回封案 介認交元書回封案年案後案 印回处在住A.B個(署)旧	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		受付	入力	照合	裏書				
2					YES・NO	国社交元資通高状書回封案 介認交元書回封案年案後案 印回处在住A.B個(署)旧	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		交付	受付No.						
3					YES・NO	国社交元資通高状書回封案 介認交元書回封案年案後案 印回处在住A.B個(署)旧	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
4					YES・NO	国社交元資通高状書回封案 介認交元書回封案年案後案 印回处在住A.B個(署)旧	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									
5					YES・NO	国社交元資通高状書回封案 介認交元書回封案年案後案 印回处在住A.B個(署)旧	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									

**Application Form for Residence Certificate** If you wish to apply for Residence Certificate, please fill in below as well. If the applicant/proxy is not a member of the same household, a Letter of Proxy is required.

Type/No. of copies	1 All household members copies 2 Some household members* copies	※Names of list	Name of household head/List family relationships?	Yes - No
【Foreign applicants only】 Circle any items you <u>do not</u> wish to be shown on your Certificate of Residence. Please inquire if you require other items to be shown.			【Japanese applicants only】	Yes - No
Katakana notation of name Nationality/region Article 30, Clause 45 classification Resident Card etc. number Residence status/residence period/expiry date			List legal domicile/family head?	
You agree "My Number" (Individual Number)	To be indicated in the Certificate/ Not to be indicated in the Certificate	Purpose of Use	Personal/Submit to Employer/ [ ]	Submit to:

備考欄  CS  本籍・筆頭・最終住所地 (担当) 住C \_\_\_\_\_ □変更なし