		To the Mayor	of OO										Household New number Old														
Resident Change Notification																											
Date of change	3	平 年[year] 月[mor	Mgn up	Move in     3. Move out     5. Change of householder     7. Article 30-47 Notification     Change of address (within the same municipality) 4. Change in household     6. Article 30-46 Move in     8. Change in relationship 9. (Supplementary provision Article 5 Notification)     For cases where an entire household or a part of the same household intends to move out simultaneously, and where an individual of the above household has already been issued a Basic Resident Registration Card, the household will not be required to have been issued a Move out Certificate. For such cases, you will be required to show your Basic Resident Registration Card upon submitting your Move in Notification.										Date of notification 平成 年[year] 月[month] 日[day]  Name of person submitting notification:  Address of person submitting notification:													
Address	Ne Ol			House- holder									*If the applicant is submitting the notification in person, they can affix their signature instead of their seal .														
	Pronunciation Name		Date of birth	Sex Relationship		Resident Record code	Basic Resident Registration Card	Nationality/ region Classification as stipulated in Article 30-	Status of residence Period of stay,	Residence card number, etc.	Voter	National Pension Plan  Category  Category  Pension		National Health Insurance eligibility		Medical Care System for the Elderly in the Latter Stage of Life	Public Nursing Care Insurance eligibility	Child allowance	Summary	Occupation	Family egister	Iter	vational Health Surance		Notificati	on	ıcation
1			明大 <sup>※1</sup> · · · · · · · · · · · · · · · · · · ·	M F	α	<b>*</b> 2	Yes / No Change in items listed	45 <b>*</b> 3 <b>*</b> 3	etc. **3 **3 **3	of period of stay	Yes/ No	First/ Voluntar	number	Yes/ No	Retiree/ Dependant	Yes/ No	Yes/ No	Yes/ No			Fè	*	Na H.	7,6	E 5 0	Pe	Edu
3			明大 Wear/month/day Hyear/month/day wear/month/day wear/month/day	M F M		<b>*</b> 2	Yes / No Change in items listed  Yes / No Change in items listed	L	*3 *3 *3	*3 *3 *3	Yes/ No Yes/ No	Voluntar		Yes/ No Yes/ No	Retiree/ Dependant Retiree/ Dependant	Yes/ No Yes/ No	Yes/ No Yes/ No	Yes/ No Yes/ No					$\frac{1}{1}$		$\dashv$		
4			明大 ※1 · · · · · · · · · · · · · · · · · ·	M F		<b>*</b> 2 <b>*</b> 2	Yes / No Change in items listed Yes / No	*3 *3 *3	*3 *3 *3	*3 *3 *3	Yes/ No Yes/	First/ Voluntar		Yes/ No Yes/	Retiree/ Dependant Retiree/	Yes/ No Yes/	Yes/ No Yes/	Yes/ No Yes/									
5	<b>*</b> 4	ļ	昭平 year/month/day	res / NO Change in items listed 33 33 33 No Voluntary No Dependar										Dependant	No No No National Health Insurance code and number				Issuance of status certificate							tus	
Registered domicile				Head of registered domicile									Medical Care System number for the Elderly in the Latter Stage of Life										nce of tus icate				
ŭ.												Head						Public N Care Ins num	surance ber								
	Foreign residents may enter their date of birth according to the Gregorian calendar if they prefer to do so.  *5 Medical Care System for the Elderly in the Latter Stage of Life																										
			ident Record code	-	-		ng a Move in N	Notification (ple	ease note that	it is not neces	ssary to	include t	this code	e if you	present	your Bas	ic Resid	lent Reg	istratior	n Card).							
			only if you are a for only if you are a Ja	_																							
	. 5450		, you are a ou						(This field	is to be used	for cler	rical purpo	oses)														

