Hekinan City School Lunch Substitute Food Expense Benefit Claim
碧南市学校給食代替食費給付金請求書

Date:_____ /_____ /_____

Mayor of Hekinan City

○Applicant (Parent/Guardian)

Current Address (Registered Residence)	〒
Name	

I hereby request payment of the Hekinan City School Lunch Substitute Food Expense Benefit as follows.

Details

1 Benefit Amount ￥ _____

2 Bank Account for Benefit Payment

☐For applicants applying for continued benefits who wish to have the payment deposited into the bank account registered for the previous application.

☐For new applicants or continuing applicants who wish to change the bank account registered for the previous application (please provide your bank account details.)

Name of Financial Institution	Branch Name	Financial Institution Code (4 digits)				Branch Code (3 digits)		
☐ginkou ☐kumiai ☐kinko ☐rengoukai	☐ Head Office ☐Branch Office ☐Branch☐Sub-Branch							

Account Type	Account Number (right-aligned)						Account Holder’s Name in Katakana (The account must be in the applicant’s name.)
☐Savings Account ☐Current Account							

※If you select Japan Post Bank, please enter the branch name, account type, and account number (7 digits) for receiving transfers.
※Please do not provide an account that has had no deposits or withdrawals for an extended period.

3. Supporting Documents (Documents to Be Submitted with the Claim Form)

A copy of the passbook or cash card for the designated bank account (showing the account holder’s name, financial institution name [or financial institution code], branch name [or branch code], and account number).