


Application for financial aid according to the Kobayashi City Childbirth Support ‘Gifuto’ Allowance

To the Mayor,

I hereby accept the declaration of consent and apply for financial aid under the
Childbirth Support ‘Gifuto’ Allowance.

Date of application:

1 APPLICANT (becoming mother)

<i>Furigana</i>		Date of birth
Full name	 Seal	/ / (yyyy / mm / dd)
Current Address		
Phone No.		
Submission of the Pregnancy Notification Form (<i>ninshin todoke</i>)	/ / (yyyy / mm / dd)	Expected delivery date
Address provided on the Pregnancy Notification Form (only if different to the current address)	/ / (yyyy / mm / dd)	

2 AMOUNT 50,000 ¥

3 BANK ACCOUNT

Bank	銀行 <i>ginkou</i> 信用金庫 <i>shinyou kinko</i> 労働金庫 <i>roudou kinko</i> 農協 <i>noukyou</i>	Branch Name and Type	本店 <i>honten</i> 支店 <i>shiten</i> 出張所 <i>shucchousho</i>
Account classification	<i>futsuu</i> • <i>touza</i> 普通 当座	Account Number	
Account holder (as written on the bankbook)			

Declaration of Consent

If you wish to apply for Kobayashi City Childbirth Support ‘*Gifuto*’ Allowance, please read the articles written from (1) to (6) carefully and approve by checking the following declaration.

☐ I hereby confirm the content and consent to the points listed below.

- (1) I have undergone a medical examination at an obstetric care institution and received a statement from a physician confirming my pregnancy.
- (2) I consent to verifying my pregnancy status and other related matters with an obstetrician or other medical institutions.
- (3) I do not receive Childbirth Support ‘*Gifuto*’ Allowance under the Childbirth Support or Child Support by any other local government.
- (4) I consent to the verification of my Childbirth Support ‘*Gifuto*’ Allowance status with other local governments.
- (5) I agree with the sharing and verification of information (such as pregnancy-related examinations, interviews conducted by Accompanying Consultation Assistance etc.) between the city, medical institutions, support consultations sites, and other relevant organizations, when necessary for the uninterrupted financial support from childbirth through child-rearing.
- (6) In the event that any false information is discovered in the original application, or if the Childbirth Support ‘*Gifuto*’ Allowance is granted double, I agree to return any financial assistance received.

Signature (Applicant) _____

Date _____ / _____ / _____

[Necessary Documents]

- ☐ Copy of official documents showing the Applicant’s name, address and date of birth (i.e. Certificate of Residence, My Number Card, Driver’s License, Residence Card, etc.)
- ☐ Copy of the Bankbook or Cash Card of the designated bank account

※ Please bring your Mother-Child-Health Handbook (*boshi techou*)