Form C	 '	or business places		Insuranc		Not	ifica	on of Dependention of Relat	ionship	with a				Lav	vs & Regulation	s on Setting U	p Busin ple Doc	
Date:	Business place reference code	1/ D	D/	YY			Cat	egory-3 Insu	rea Pers	son								
olumn to be entered by t	Location of business place Name of business place	It is confirmed tha	t there is no err	or in the indivi	idual numbe	r (basic pen:	sion numbe		if there is a statement in the notification relating to the spouse of the insured person as per Employees' Pension insurance, it will be accepted as a "Notification of Relationship with a National Pension, Catogory-3 Insured Person," and at the same time, the term "spouse" and 'category-2 insured person will be replaced with 'category-3 insured person" and "spouse," respectively. Column to be entered by a public consultant involved					Receipt Stamp				
	Employer's name Telephone number	() Name, etc.													Seal			
the	Confirmed by employer	Circle "Confirmatio right if the employer confirmed the mat	rhas (Co	nfirma	not attach	ed will fall un	der the cat	whose certificates regarding income are stegory of a qualified spouse for r deduction under the Income Tax Act.		Date of receipt by He employer, etc.			Year Month Day			Day		
≺ Colum the ins	[1] Insured person reference number	[2] (Phonetic transcriptions in <i>katakana</i>) (Family name) (First name) Name [3] 5. Showa 7. Heisei [5] Individual number (basic pension number)											Mor	nth	Day [4] Sex	1. Male 2. Female		
mn for nsured	[6] Date of acquisition	7. Heisei Pear Month Day [7] When entering the individual number, it is unnecessary to fi									to fill in the addre	ess.						
If your s	spouse be	came a depe	ndent (i.	e., a cat	egory-	3 insu	ed pe	erson), lost their qualif	ications as a	dependent,	or if t	here is any	y chan	ige in h	is/her state	·,		
் Column for the dependent (who is the spouse)	[1] Name	As a category-3 Heisei Yo (Phonet transcriptions katakan	ear tic in	rson, I hei Month	reby notii Da	-	ed in thi	is notification.	5. Showa 7. Heisei er ber)		Year	Mon	th	Day [3] Sex (Relations	1. Husband 2. Wife 3. Husband (unreported)			
		* I hereby deleg Category-3 Ins	gate the sub sured Perso	mission of n" to the s	f the "No pouse (d	tification category-	of Relat 2 insure	tionship with a	[5] Foreign nationality	Foreign foreign national in question								
	[7] Address	Living together / Living separately 1. Home 2. Mobile 3. Office number (ffice 4. Othe	rs		
	Ápplicable	[9] Date of becoming the dependent (i.e., a category-3	Date of becoming the dependent 7. Heisei Rea					1. Spouse's employment 2. Marriage 3. Leaving job	Decrease in income Others			1] Occupation	2.Part- (3.Pens	1.Unemployed 2.Part-time () 3.Pension recipient 4.Others [12] Income (annual income) Yen				
	(N/A)	[13] Date of losing their qualification as a dependent (i.e., a category-3 insured	qualification as a 7. lependent (i.e., a Heisei Rea					Death (<i>Heisei</i> Year Month Day) Divorce Employment/increase in Income	4. Reaching 75 years of age 5. Recognition of disability ()			[5] Remarks		Type 31				
		entry here when	you have a	spouse th	at is not	a depend		Spouse's income (annual in	T			Yen				!!!		
		an a spouse h "N/A," or "Ch				lost the	ir quali	ifications as a dependen	t, or if there is	any change i	in his/h							
ن Column for other dependent 1	[1]	(Phonetic transc	criptions in	katakana)				5. <i>Showa</i> Year	Month	Day	[3] Sex	1. Male 2. Female	[4]		Biological child/adopted child Child other than the first Parent/adoptive parent 8. Great-			
	Name	(r army riame	(i name,		[5] Individua My Numbe	al			[6] Address	1. Living toge 2. Living sepa (0		Parent-in-law grandparent Younger brother/sister Older brother/sister Others Grandparent Others			
	Ápplicable	[7] Date of becoming a dependent	7. Heisei	Year	r Month) Day	[8] Occupati	2. Part-time	. High school/unive (grade) . Others ()	[9] Income (annual income)		Yen	[10] Reason	Birth Leaving job Decrease in inco	4. Living toget 5. Others (her)	
	(N/A) (Chan)	[11] Date of losing their qualifications as a dependent	7. Heisei	Yea	r Month	Day	[12] Reaso	1. Death	4. Reaching 75 ye 5. Recognition of 6. Others (ears of age	[13] Reason							
ن Column fo dependen	[1]	(Phonetic transcriptions in katakana) (Family name (First name)					[2] Date of	7 //-::	Month Day [3]			1. Male 2. Female			 Biological child/a Child other than Parent/adoptive 	the first		
	Name	[7]	Vasi	Year Month		[5] Individu My Numb	ual ber	I 5. High school/univ	ersity student	[6] Address		1. Living together 2. Living separately () [10]		4. Parent-in-law 8. Great- 5. Younger brother/sister grandparent 6. Older brother/sister 9. Grandchild 7. Grandparent 10. Others				
	Ápplicable	Date of becoming a dependent	7. Heisei				Occupati	2. Part-time 3. Pension recipient 4. Elementary school/junior h	(grade) 6. Others (<u>nigh school student</u>) or younger	[9] Income (annual income)				Birth Leaving job Decrease in inco	4. Living togeth 5. Others (me	ner)	
er	(Chan	[11] Date of losing their qualifications as	7. Heisei		IVIOTILI	Дау	[12] Reaso	1. Death 2. Employment	4. Reaching 75 ye 5. Recognition of	3	[13] Reason							

The notification of "Applicable" and "N/A (Change)" may not be submitted at the same time. Submit the notification of "Applicable," "N/A," or "Change" via a separate paper, respectively.

[2] Date of

birth

My Numbe

Occupation

Reason

[5]

Day [8]

Day [12]

Month

Month

5. Showa

7. Heisei

1. Unemployed

2. Employment

3. Pension recipient

3. Increase in income

2. Part-time

1. Death

Declaration regarding support (Make entry here if there are any circumstances that cannot be relayed via attached documents or if attaching other documents is not possible.)

Year

Month

5. High school/university student

4. Reaching 75 years of age

5. Recognition of disability

(grade) 6. Others (

6. Others (

4. Elementary school/junior high school student or younger

I hereby declare that the statement herein is true and correct.

Name

Day [3]

Sex

Address

[9] Income

(annual

[13]

[6]

1. Male

2. Female

1. Living together

2. Living separately

(Seal)

grandparent

9. Grandchild

10. Others

4. Living together

5. Others (

. Biological child/adopted child

2. Child other than the first

 Parent/adoptive parent 4. Parent-in-law

5. Younger brother/sister

6. Older brother/sister

B. Decrease in income

. Leaving job

[4]

[10]

Reason

Yen

These materials contain samples of documents regarding registration, visa, taxation, personnel and labor matters that are necessary when a foreign company establishes a corporation or other entity in Japan as well as descriptive examples of how to fill them out. A portion of the English content has been updated through a provisional translation. These documents are not published by competent authorities and therefore are not official. For those who are going through the official procedures, please download the latest official documents from the competent authorities and related bodies or consult a person who specializes in advising on such information and procedures.

The information contained in this documents should be used at the reader's independent discretion. While JETRO makes every effort to ensure the accuracy of the information it provides, no responsibility is accepted by JETRO for any loss or damage incurred as a result of actions based on the information provided in these documentsor provided by the external links listed on these pages.

The competent authorities relating to these documents: Japan Pension Service

(Phonetic transcriptions in katakana)

7. Heisei

7. Heisei

(First name)

Year

Year

(Family name

Date of becoming

a dependent

[11] Date of losing their

qualifications as a

Name

Applicable

N/A

Chan

URL: http://www.nenkin.go.jp/service/kounen/kenpo-todoke/hihokensha/20141224.files/01.pdf