Example

For anything that does not apply, please leave the entry field blank. For anything that does apply , please circle the appropriate item (do not fill in the entry field or preprinted guide line with a * mark).

Form No. 1 (Article 4, Article 64, the Supplementary Provisions related to Article 2) (1) (Front Side)

Labor insurance
0: Notice of establishment of insurance affiliation (continuance)(notice of consignment of paperwork)
1: Date (y/m/d) of notice of establishment of insurance affiliation (fixed term)
2: Application form of voluntary enrollment (notice of consignment of paperwork)

⑯ Type: 31600

28 Date 4 18

To: Labor Director of the Bureau
Head of Labor Standards Inspectors
Director of Public Employment Security Office
中央

As follows
(a) Apply (In the case of 31600 or 31601)
(b) Apply the enrollment of workmen's compensation insurance (In the case of 31602)
(c) Employment insurance

*Modified clause number
*kanji Modified clause number
* Labor insurance number: Prefecture | Cognizance | Jurisdiction | Key number(1) | Branch number

Employer

⑰ Address<kana>
Postal code number: 100-xxxx (clause2)
Name of shi/ku/gun: チヨタ″ク (clause3)
Address (sequel -name of town): カスミカ″セキ (clause4)
Address (sequel -chome -banchi): 1ー×ー× (clause5)
Address (sequel -Name of building/condo etc.): (clause6)

⑱ Address<kanji>
Name of shi/ku/gun: 千代田区 (clause7)
Address (sequel -name of town): 霞ヶ関 (clause8)
Address (sequel -chome -banchi): 1ー×ー× (clause9)
Address (sequel -Name of building/condo etc.): (clause10)

⑲ title/name<kana>
title/name: カフ″シキカ″イシャ (clause11)
title/name(sequel): カスミショウテン (clause12)
title/name(sequel): (clause13)
03-××××-××××

⑳ title/name<kanji>
title/name: 株式会社 (clause15)
title/name(sequel): カスミ商店 (clause16)
title/name(sequel): (clause17)

① Employer
Address or place:
Name:

② Business
Address: 100-xxxx 千代田区霞ヶ関1-x-x
Telephone number: 03 XXXX XXXX
Name: 株式会社カスミ商店

③ Summary of business:
④ Type of business: 食用品・日用品等の販売
⑤ Enrolled labor insurance: (a) Workmen's compensation insurance (b) Employment insurance
卸売業・小売業
⑥ Date (y/m/d) of the establishment of insurance affiliation: (Labor accident) / / (Employment) / /
⑦ The number of insured workers of employment insurance: Regular 28 Short-term 4 15 person; 28 4 15 person
Operarius 10 person
⑧ Estimated amount of total wages: 34,095 thousand yen

⑨ Consignment affairs association
Address: Postal code number; Telephone number ( ) –
Name:
Name of representative: Affixing the name and seal (or sign up) [Seal]

⑩ Contents of consignment affairs:
⑪ Date (y/m/d) of business commencement: / /
⑫ Date (y/m/d) of business termination: / /
⑬ Contract amount of construction business: yen
⑭ Estimated amount of production for stock replenishment of material for the tree harvesting business: Cubic meter

⑮ Orderer
Address: Postal code number; Telephone number ( ) –
Name:

㉑ Date (y/m/d) of the establishment of insurance affiliation (31600 or31601) / * Date (y/m/d) of authorization of voluntary enrollment (31602) (imperial era name: Heisei 7): 7-28-4-15 (clause18)
㉒ Date (y/m/d) of the consignment of paperwork (31600or31602) / Date (y/m/d) of estimated completion of business (31601) (imperial era name: Heisei 7) (clause19)
㉓ Number of full time workers: 10 (clause20)
*Classification of insurance affiliation etc. (31600 or 31602) (clause21)

㉔ Number of insured workers of employment insurance(31600 or 31602): 10 (clause22)
㉕ Number of old workers subject to exemption (31600 or 31602): 1 (clause23)
*one-sided insurance reason code (31600) (clause24)
㉖ Enrolled labor insurance number (31600 or 31602): Prefecture | Cognizance | Jurisdiction | Key number(1) | Branch number (clause25)

㉗ Applied labor insurance number 1: Prefecture | Cognizance | Jurisdiction | Key number(1) | Branch number (clause26)
㉘ Applied insurance number 2: Prefecture | Cognizance | Jurisdiction | Key number(1) | Branch number (clause27)

*Business place number of employment insurance (31600 or 31602) (clause28)
*Classification of prefecture (31600 or 31602) (clause29)
*Special notice code (31600 or 31602) (clause30)
*Key number(2) (31600) (clause31)
※Type of business (clause32)
※Industry classification (31600 or 31602) (clause33)
※Data instructions code (clause34)
※Re-enter area (clause35)

*Modified clause
*Modified clause

Affixing the name and seal (or sign up) of the name of the employer (in the case of a corporation, its name and representative's name)
株式会社カスミ商店
代表取締役 千代田カスミ [Seal]

*Date (y/m/d) of receipt(imperial era name: Heisei 7) (clause36)
㉙ An employer identification number: 6000012070001 (clause37)

In the case that employers have already received the general authorization for continuing operations, fill out the address and name of such operations concerning the said general authentication.

Fill out specifically the contents of operations such as the manufacturing process, working contents or product name.

Fill out the total amount of the number of regular insured workers and sample insured workers within the monthly average number of employment insurance insured workers.

Fill out the estimated total amount incurred against the workers who work from the date of establishment of insurance to the end of such insurance year.

Fill out the number of daily average workers in that year (the number calculated by dividing the number of extended employed workers (including temporary workers and operarius) by regular working days.

Fill out the number of certain age workers within the regular insured

Fill out the corporation number (thirteen-digits number notified by the Tax Administration Bureau). If you are the sole proprietor, fill out "0" in lieu of said thirteen-digits.