



23.Route to the business place from the nearest station or bus stop

Description space of association of labor insurance partnership

Address \_\_\_\_\_

Name \_\_\_\_\_

Name of representative \_\_\_\_\_ [Seal]

Date (y/m/d) of  
the commencement  
of consignment \_\_\_\_\_

Date (y/m/d) of  
the termination  
of consignment \_\_\_\_\_

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The competent authorities relating to these documents: Ministry of Health, Labour and Welfare  
URL: <http://www.mhlw.go.jp/file/06-Seisakujouhou-11600000-Shokugyouanteikyoku/0000088532.pdf>