

Health insurance  
Welfare pension insurance

# Notice of New Application

(Note) Please read the method of filling carefully (described on the back side)  
 (Note) Do not fill out fields with \*\*\*

(1) * Compilation number of business place		Submit	(a) * Business place number	(2) * Classification of jurisdiction	(3) * Classification of business	(b) Type of business	(4) * Classification of application			(5) * Date of application (y/m/d)			
				Kyo1. Kyo-ki5. So2. So-ki6. Only ken3.			Mandatory 0. Discretionary application 1. Solely application 2.	Office of government, etc. 3. (excluding 4)	Business place excluded from debt administration law 4.	Heisei	year	month	day
(6) Postal code number			(7) Location of business place	kana syllables									
(8) Name of Business Place		kana syllables					(9) Telephone No. of business location						
							Extension of affairs in charge	Extension					
(10) Name of employer (or representative)		kana syllables					(11) Type of allowance in kind	meal 1. season ticket 4. housing 2. other 5. clothing 3. ( )	(12) Month of salary increase	First time	Second time	Third time	Fourth time
							[Seal]		month	month	month	month	
(c) Address of employer (or representative)						(13) Scheduled month of bonus	First time	Second time	Third time	Fourth time	(14) Employer Agent	absence 0	presence 1
(15) * Preparing a notice of calculation		Necessary business place 0. Unnecessary business place 1. Electron medium (CD) Necessary business place 2.	(16) * Preparing a notice of bonus	Necessary business place 0. Unnecessary business place 1. Electron medium (CD) Necessary business place 2.	(17) Name of health insurance society	kana syllables	Health insurance society						
(18) Key number of employees' pension		(d) Name of employees' pension fund	Employees' pension fund		(19) * Code of licensed social insurance consultant		(e) Name of licensed social insurance consultant		(20) * The number of insured worker		(21) * Type of application		
(22) Classification of individual or corporation	1: Corporation 2: Individual 3: national or local government	(23) Classification of number	1: Corporation number 2: Corporate registration number 3: * Number of national or local government			(25) Classification of head office or branch	1: Head office 2: Branch	(26) Classification of domestic or foreign corporation	1: Domestic corporation 2: Foreign corporation	Submit Receipt date stamp			
		(24) Number											

Submission substitute stamp of licensed social insurance consultant	[Seal]	Submitted 20    ,    ,    (y/m/d)																
(f) In case of "agent of employer"	Name of employer Agent	Address of employer Agent																
(g) Type of salary	<ul style="list-style-type: none"> <li>• salary                      • percentage pay</li> <li>• daily pay                    • time rate</li> <li>• daily pay salary            • annual wage plan</li> <li>• other (                      )</li> </ul>	(h) Type of various allowances	family allowance • house allowance • supervisory post allowance commuting allowance • owance of regular attendance • other (                      )															
(i) Closing date of payroll accounting                      day		(j) salary pay day	This month                      day Next month                      day															
(k) Fill out the number of people, etc. in the applicable clause (including officers). 1 Number of employees <u>          </u> persons    2 Number of employees enrolled in social insurance <u>          </u> persons 3 On the employee not enrolled in social insurance			(l) (Outline of the location of business place) <span style="float: right;">North +</span>															
<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width:15%;">Name</th> <th style="width:15%;">Number of person</th> <th style="width:70%;">Work style</th> </tr> </thead> <tbody> <tr> <td>Officers</td> <td><u>          </u> persons</td> <td>remuneration (presence or absence) , full-time (    person ) , part-time (    person )</td> </tr> <tr> <td>temporary or part-time</td> <td><u>          </u> persons</td> <td>one month    about days,    one day    about hours</td> </tr> <tr> <td>part-time</td> <td><u>          </u> persons</td> <td>one month    about days,    one day    about hours</td> </tr> <tr> <td>side-work</td> <td><u>          </u> persons</td> <td>one month    about days,    one day    about hours</td> </tr> </tbody> </table>			Name	Number of person	Work style	Officers	<u>          </u> persons	remuneration (presence or absence) , full-time (    person ) , part-time (    person )	temporary or part-time	<u>          </u> persons	one month    about days,    one day    about hours	part-time	<u>          </u> persons	one month    about days,    one day    about hours	side-work	<u>          </u> persons	one month    about days,    one day    about hours	(m) Remark
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side-work	<u>          </u> persons	one month    about days,    one day    about hours																
4 Regular working hours at business place One month        days    One week        hours        minutes    One day        hours        minutes																		

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.

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The competent authorities relating to these documents: Japan Pension Service