

⑩ Type

3160

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)

Date

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

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

⑪ Address<kana>

Postal code number

Address (sequel -name of town)

Address (sequel -chome -banchi)

Address (sequel -Name of building/condo etc.)

⑫ Address<kanji>

Name of shi/ku/gun

Address (sequel -name of town)

Address (sequel -chome -banchi)

Address (sequel -Name of building/condo etc.)

⑬ title/name<kana>

title/name

title/name(sequel)

title/name(sequel)

Contract amount of construction business

⑭ title/name<kanji>

title/name

title/name(sequel)

title/name(sequel)

⑮ Date (y/m/d) of the establishment of insurance affiliation (31600 or 31601)

⑯ Date (y/m/d) of the consignment of paperwork (31600 or 31602)

⑰ Number of full time workers

***Classification of insurance affiliation etc. (31600 or 31602)**

⑱ Number of insured workers of employment insurance(31600 or 31602)

⑲ Number of old workers subject to exemption (31600 or 31602)

***one-sided insurance reason code (31600)**

⑳ Applied labor insurance number 1

Prefecture	Cognizance	Jurisdiction	Key number(1)	Branch number

㉑ Applied insurance number 2

Prefecture	Cognizance	Jurisdiction	Key number(1)	Branch number

***Classification of prefecture (31600 or 31602)**

***Special notice code (31600 or 31602)**

***Key number(2) (31600)**

***Business place number of employment insurance (31600 or 31602)**

***Type of business**

***Industry classification (31600 or 31602)**

***Data instructions code**

***Re-enter area**

***Modified clause**

***Modified clause**

***Date (y/m/d) of receipt(imperial era name: Heisei 7)**

㉒ An employer identification number

㉓ 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)

㉔ Orderer

Postal code number

Address

Telephone number

Name

㉕ Date (y/m/d) of business commencement

㉖ Date (y/m/d) of business termination

㉗ Estimated amount of production for stock replenishment of material for the tree harvesting business

㉘ Contents of consignment affairs

㉙ Affixing the name and seal (or sign up)

㉚ Seal

These sample application forms indicate the essential points and descriptive examples of registration, visa, taxation, and personnel and labor affairs that are necessary when a foreign company establishes a corporation etc. in Japan. These documents are not published by competent authorities and therefore are not official. Therefore, when going through the official procedures consult a specialist or download the official documents from the competent authorities.

The competent authorities relating to these documents: Ministry of Internal Affairs and Communications

URL: <http://shinsei.e-gov.go.jp/search/servlet/FileDownload?seqNo=0000411833>

The use of the information provided in these sample documents is based on your own responsibility. While JETRO makes every effort to ensure that we provide accurate information, we will not be held liable for any loss or damage incurred by your use of the contents of such information.

Input Example

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

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).

Labor insurance

① Type
3 1 6 0

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

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

Cognitive

Jurisdiction

Key number(1)

Branch number

Postal code number

Name of shi/ku/gun

Address (sequel -name of town)

Address (sequel -chome -banchi)

Address (sequel -Name of building/condo etc.)

Name of shi/ku/gun

Address (sequel -name of town)

Address (sequel -chome -banchi)

Address (sequel -Name of building/condo etc.)

title/name

title/name(sequel)

title/name(sequel)

title/name

title/name(sequel)

title/name(sequel)

② Date (y/m/d) of the establishment of insurance affiliation (31600 or 31601)

② Date (y/m/d) of the consignment of paperwork (31600 or 31602)

② Number of full time workers

② Enrolled labor insurance number (31600 or 31602)

② Number of insured workers of employment insurance (31600 or 31602)

② Number of old workers subject to exemption (31600 or 31602)

*one-sided insurance reason code (31600)

② Applied labor insurance number 1

② Applied insurance number 2

*Business place number of employment insurance (31600 or 31602)

*Classification of prefecture (31600 or 31602)

*Special notice code (31600 or 31602)

*Key number(2) (31600)

*Type of business

*Industry classification (31600 or 31602)

*Data instructions code

*Re-enter area

*Modified clause

*Modified clause

*Date (y/m/d) of receipt (Imperial era name: Heisei 7)

② An employer identification number

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)

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.