Labor insurance    0: Notice of establishment of insurance affiliation (continuance)(notice of consignment of paperwork)   1: Date (y/m/d) of notice of establishment					Date
į.	Type	of insurance affiliation (fixed term) 2: Application form of voluntary enrollment (notice of consignment of paperwork)	① Emp	Address or place	
Ľ	<u> </u>	To: Labor Director of the Bureau Head of Labor Standards Inspectors Director of Public Employment Security  As follows  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)	Employer	Name	Postal code number
Office (c) Employment insurance *kanji * Labor insurance number					
lause	numb	er dause number Prefecture and Jurisdiction Key number(1) Branch number    Date   Date	usines		Telephone number
		Postal code number Name of shi/ku/gun	SS	Name	
Employer	⊕ Address <kana> ⊕ Address<kanji> ⊕ title/name<kana></kana></kanji></kana>	Address (sequel -name of town)			
		da se et	bus	Summary of iness Type of	
		Address (sequel -chome -banchi)	⑤ l	Enrolled or urance	(a) Workmen's compensation insurance (b) Employment insurance
		Address (sequel -Name of building/condo etc.)	⑥ E of t esta	Date (y/m/d) he ablishment nsurance	(Labor accident) / (Employment)
		Name of shi/ku/gun	affil	The number	Regular/Short-term
		Address (sequel -name of town)	wor	rkers of ployment urance	person Operarius person
		(Criaruses)	am	Estimated ount of al wages	One thousand yen
		Address (sequel -chome -banchi)	@ Consignment	Address	Postal code number  Telephone number  ( ) —
		Address (sequel -Name of building/condo etc.)	affairs	Name	
		title/name	association	Name of representative	Affixing the name and seal (or sign up)
		title/name(sequel)	① (con	Contents of signment airs	[Seal]
		title/name(sequel)	① [ of b	Date (y/m/d) ousiness com	
	ana>		01 E	Date (y/m/d) pusiness term contract amou	int <sub>.</sub>
			(1) I	Estimated am production for lenishment of	ount stock f material
	20 t	title/name	bus	the tree harve	Cubic meter Postal code number
	title/name <kanji></kanji>	title/name(sequel)	(5)	Address	Telephone number
	e <kanj< td=""><td>title/name(sequel)</td><td>Orderer</td><td></td><td>( ) –</td></kanj<>	title/name(sequel)	Orderer		( ) –
		use 172		Name	
② Dar Date (impe	e (y/m/d (y/m/d rial era	of the establishment of insurance affiliation (31600 or31601) ② Date (y/m/d) of the consignment of paperwork (31600or31602) of authorization of voluntary enrollment (31602) Date (y/m/d) of estimated completion of business (31601) name: Heisei 7) (imperial era name: Heisei 7)	ıll tim	ne workers	*Classification of insurance affiliation etc. (31600 or 31602)
rial era r	ame	Imperial era name  @ Enrolled labor insurance number (31600 or 3160)			Jause21)
		in including (close of close)	num	nber(1)	Branch number
 27 Ar	plied la	oor insurance number 1			dause25)
	ecture	Cogniz ance Jurisdiction Key number(1) Branch number Prefecture Cogniz Jurisdiction Key	num	nber(1)	Branch number
					clause27)
Busin	ess plac	e number of employment insurance (31600 or 31602)  or Classification of prefecture of prefecture (31600 or 31602)  or Classification of prefecture of prefecture (31600 or 31602)  or Classification of prefecture o	iness		y classification %Data instructions or 31602) code
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)					
Modifi	ed claus				
	Julian				[Seal]
Date (	y/m/d) c	f receipt(imperial era name: Heisei 7)  (a) An employer identification number	(clause37)		

JETRO Investing in Japan Laws & Regulations on Setting Up Business in Japan Samples of forms businesses are required to submit to authorities 4-9f

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

JETRO Investing in Japan
Laws & Regulations on Setting Up Business in Japan
Samples of forms businesses are required to submit to authorities 4-9f

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 quide line with a \* mark)

Form No. 1 (Article 4, Article 64, the Supplementary Provisions related to Article 2) (1) (Front Side) O: 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 guide line with a \* mark). Labor insurance Date 3160 In the case that employers have (notice of consignment of paperwork) already received the general (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 Name authorization for continuing operations, fill out the address and Postal code number name of such operations \* Labor insurance number Address concerning the said general Telephone numbe authentication. Name 11) Fill out specifically the contents of ③ Summary of business operations such as the manufacturing process, working 4 Type of contents or product name. 5 Enrolled (a) Workmen's compensation insurance oor surance (b) Employment insurance © Date (y/m/d of the establishment of insurance affiliation (Labor accident) Fill out the total amount of the (Employment) number of regular insured workers Regular/Short-term and sample insured workers within The number of insured workers of employment insurance the monthly average number of Operarius employment insurance insured person (18) Estimate amount of total wages workers. One thousand ver Address<kan. Employer Address Fill out the estimated total amount incurred against the workers who work from the date of Name establishment of insurance to the end of such insurance year. Name of 19 ① Contents of consignment affairs Date (y/m/d)
 of business commencem Date (y/m/d)
 of business termination (3) Contract amount of construction business (1) Estimated amount of production for stock replenishment of material for the tree harvesting business 20 title/name<kan title/name(seque Address Fill out the number of daily title/name(seque average workers in that year (the number calculated by dividing the number of extended employed ② Number of full tir workers (including temporary workers and operarius) by regular working days. Fill out the number of certain age workers within the regular insured re Cogniz Juriso Key number(1) Affixing the name and seal (or sign up) of the name of the employe (in the case of a corporation, its name and representative's name) Fill out the corporation number [Seal] (thirteen-digits number notified by the Tax Administration Bureau). If you are the sole proprietor, fill out "0" in lieu of said thirteen-digits.