


Health insurance
Welfare pension insurance

Notice of New Application

(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 Unnecessary business place Electron medium (CD) Necessary business place	0. 1. 2.	(16) * Preparing a notice of bonus	Necessary business place Unnecessary business place Electron medium (CD) Necessary business place	0. 1. 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		
		(24) Number									Receipt date stamp		

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

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	• salary • percentage pay • daily pay • time rate • daily pay salary • annual wage plan • other ()		(h) Type of various allowances	family allowance • house allowance • supervisory post allowance commuting allowance • owance of regular attendance • other ()																
	(l) (Outline of the location of business place)			North 																
(i) Closing date of payroll accounting day			(j) salary pay day This month Next month day																	
(k) Fill out the number of people, etc. in the applicable clause (including officers). 1 Number of employees persons 2 Number of employees enrolled in social insurance persons 3 On the employee not enrolled in social insurance																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;">_____ persons</td> <td>remuneration (presence or absence) , full-time (person) , part-time (person)</td> </tr> <tr> <td>temporary or part-time</td> <td style="text-align: center;">_____ persons</td> <td>one month about days, one day about hours</td> </tr> <tr> <td>part-time</td> <td style="text-align: center;">_____ persons</td> <td>one month about days, one day about hours</td> </tr> <tr> <td>side-work</td> <td style="text-align: center;">_____ persons</td> <td>one month about days, one day about hours</td> </tr> </tbody> </table>						Name	Number of person	Work style	Officers	_____ persons	remuneration (presence or absence) , full-time (person) , part-time (person)	temporary or part-time	_____ persons	one month about days, one day about hours	part-time	_____ persons	one month about days, one day about hours	side-work	_____ persons	one month about days, one day about hours
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side-work	_____ 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					(m) Remark															

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://www.nenkin.go.jp/service/kounen/jigyosho-hiho/jigyosho/20150311.files/20161001.pdf>

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 Examples

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

Notice of New Application

Fill out without prefecture.

Health insurance
Welfare pension insurance

Fill out by confirming the certificate of classification of the category of business place.

Fill out as follows with abbreviations.
In case of Kabushiki kaisha→"K".
In case of Yugen kaisha→"Y".
In case of Gomei kaisha→"M".
In case of Goushi kaisha→"S".
In case of other corporation→fill out as it is.

Insert a hyphen "-" between area code, local exchange number, and subscriber number.

Circle the applicable clause that is to be paid other than money (payment in kind). Also fill out the annual month of salary increase and scheduled payment of bonus.

Must fill out without.

In case of being enrolled in an employees' pension fund, fill out the name of that fund and fund number.

If the health insurance society is established, fill out here.

In case of assigning the submission of a notice to a licensed social insurance consultant, fill out here.

(1) Compilation number of business place		(a)* Business place number		(2)* Classification of jurisdiction	(3)* Classification of	(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 1. Solely application 2.	Business place excluded from debt administration law 3. 4.	Heisei	year	month	day	
				kana syllables									
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							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
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								month	month	month	month		
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Receipt date stamp

Circle the applicable section.

Circle the applicable section.

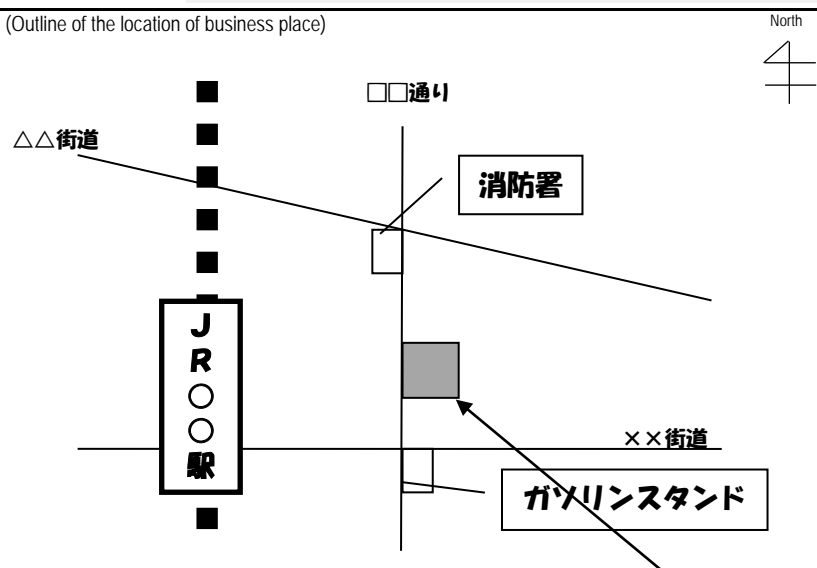
JETRO Investing in Japan
Laws & Regulations on Setting Up Business in Japan
Samples of forms businesses are required to submit to authorities 4-9h

Submission substitute stamp of licensed social insurance consultant		[Seal]		Submitted 20 (y/m/d)		When you have both the corporation number and corporate registration number, you have to select [1: Corporation number]. (Note: You have to select the "corporate registration number" until December 2015. After January 2016 you have to select the "Corporation number" in principle.)	
(f) In case of "agent of employer"		Name of employer Agent		Address of employer Agent			
(g) Type of salary	• salary • daily pay • daily pay salary • other ()	• percentage pay • time rate • annual wage plan ()	(h) Type of various allowances	family allowance • house allowance • Supervisory post allowance commuting allowance • allowance of regular attendance • other ()	(i) (Outline of the location of business place)		
(i) Closing date of payroll accounting day		(j) salary pay day		This month Next month day			
(k) Fill out the number of people, etc. in the applicable clause (including officers).							
1 Number of employees persons				2 Number of employees enrolled in social insurance pe			
3 On the employee not enrolled in social insurance							
Name		Number of person		Work style			
Officers		persons		remuneration (presence or absence) , full-time (person) , part-time (person)			
temporary or part-time		persons		one month about days, one day about hours			
part-time		persons		one month about days, one day about hours			
side-work		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			
(m) Remark				Describe a sketch of the business location.			

Fill out the closing date of payment calculation and the payment day, and the number of the employee who is to be enrolled into social insurance. Also fill out the number of the employee and their working style, if there are a employee who is not to be enrolled into social insurance.

Circle the all applicable clauses concerning the payment style of salary and various allowances paid as salary. If there is anything applicable, fill out in the "()".

If the business place is to be the branch, sales branch, factory, etc. and determining to place the agent of the employer (representative), fill out the name and address of such agent.



Date of submission

Fill out the submission date to the pension office of an official center.