

Letter of Attorney

To the Mayor, Higashihiroshima City

Date / /

Proxy (the person who will come to make the application)

Address _____

Name _____

I appoint the person shown above as my proxy, and grant to him/her the right to apply for the issuance of the items ticked below, and the right to receive these items.

Certificate of payment of tax (proof that there are no arrears) _____ copy

Certificate of payment of tax (general)

Item	Financial Year	Copies
<input type="checkbox"/> Residence tax (municipal, prefectural tax)	financial year	
<input type="checkbox"/> Corporate residence tax	Business start financial year	
<input type="checkbox"/> Fixed asset/City planning tax	financial year	
<input type="checkbox"/> Light vehicle tax	financial year	
<input type="checkbox"/> Light vehicle tax (for inspections of light vehicles)	Vehicle number	
<input type="checkbox"/> National Health Insurance payments	financial year	

Statement of insurance payments made (for year-end adjustment or declaration)

Item	Financial Year	Copies
<input type="checkbox"/> National Health Insurance payments	financial year	
<input type="checkbox"/> Long-term care insurance payments	financial year	
<input type="checkbox"/> Payments for the medical-care system for the latter-stage elderly	financial year	

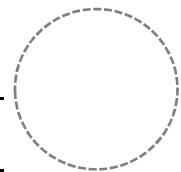
Other (please give details)

Purpose of use or place to be submitted to (please give details wherever possible)

Proxy

Address _____

Name _____



※ If this letter of attorney has been filled out by hand by the person appointing the proxy, it is not necessary to stamp the document. However, in the case of an individual's letter of attorney (with the name and address filled out and printed by word-processing software, etc.), or in the case of a corporate letter of attorney, the document must be stamped with the appropriate seal.

※ In the case of a corporation, please fill in the company name and the name and occupation (job title) of the representative, and stamp the document with the seal of the representative.

Date of birth _____ YY MM DD

Telephone number () — _____