

To: The Mayor of Minato City

Application for Subsidy for Minato City Specified Fertility Treatments

I have attached the related documents and hereby apply for the subsidy for specified fertility treatment as described below.

Name		Date of Birth	Age
Katakana		Y M D	
Applicant <small>*Minato Resident</small>			
Katakana	Household (Same · Separate)	Y M D	
Spouse			
Address of Applicant	Minato City	Phone Number	
Address of Spouse	<small>*Only required if address is different from applicant's.</small>		Phone Number

*Circle the appropriate answer

Did you apply to Tokyo Metropolis?	Past Application History to Tokyo Metropolis			Have you ever applied to Minato City?	
	Date of approval	Amount of subsidy	Yes · No		
1 Approved	1 st Y M D	JPY	Year of application in Minato City		
2 In process	2 nd Y M D	JPY			FY
3 No qualifications	3 rd Y M D	JPY			FY
Have you ever applied to Tokyo Metropolis?	4 th Y M D	JPY			FY
	5 th Y M D	JPY			FY
Yes · No	6 th Y M D	JPY			FY

1. I agree to permit the inspection of public records (Basic Resident Register, etc.) required for examination in connection with this application for subsidy.
2. I agree to permit Minato City to inquire of other self-governing bodies regarding the conditions related to payment of subsidies by specified fertility treatment subsidy programs.
3. I agree to permit Minato City to inquire of the medical facility regarding the treatment and payment conditions.
4. All the information entered on this application is true and correct.

Amount applied for		JPY	Portion of total amount applicable to surgery to retrieve sperm from testicles, etc.		JPY
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Bank account designated for funds transfer (trust companies or credit associations having no branches in Tokyo may not be designated).

Bank		Bank Trust Co. Credit Assn.	Branch	Account No.															
	Code		Branch no.		1. Regular 2, Checking														
Katakana																			
Name on applicant's bank account																			

***A proxy letter is required if the name on the bank account is different from that of the applicant.**

《To be completed by Minato City》

申請受付印	所得確認欄	都該当	決定	受給者番号
	申請者	円	年 月 日	
	配偶者	円	承認 · 不承認	