## © Certificate of Moving Out can be obtained by mail.

- In case of moving out of Ota City, you will need to notify about your move at both the municipal offices of the old address and the new address.
- When notifying of moving out, you will be issued a Certificate of Moving Out "Tenshutsu Shoumei Sho" which you need to bring to the municipal office of the new address when notifying of moving in.
- In case you are a holder of Basic Resident Registration Card "Juuki Card" or a member of household of such person, you are regarded as a special case in the notification of moving in so be sure to write a circle (○) in the column "Juuki Card" of the application form. Please note that if you are regarded as a special case in the notification of moving in, you will not be issued a Certificate of Moving Out.

  In case of notifying of moving in at the new address, be sure to bring the "Juuki Card."
- In case of applying by mail, enclose the application form (right), a stamped, self-addressed return envelope, and identification paper (such as photocopy of driver's license, and in case of foreign nationals, a photocopy of Resident "Zairyuu" Card or Special Permanent Resident Certificate) in the envelope and mail to Ota City Hall, Residents' Affairs Division "Shimin-Ka."
- Persons who had been subscribing to National Health Insurance Plan of Ota City are required to return their insurance certificates so please also enclose the certificates in the envelope.
- \* Persons who also have registration certificate of their personal seal (*inkan*-stamp) and holders of Medical Welfare Claimant Certificate "Fukushi Iryou Shikakusha Shou" are also required to return such certificates, so please enclose them too.

Please inquire with personnel below in case of any questions:

Ota City Hall, Residents' Affairs Division "Shimin-Ka," Counter Records Section "Madoguchi Kiroku-Kakari" Tel. 0276-47-1937 Weekdays (excluding holidays), 8:30~17:15.

## $\sim$ Means of filling in form "Certificate of Moving Out" (right) $\sim$

- · No need to fill in "Notification Date" column
- · Inscribe date of starting to live (date of moving out of Ota) in "Date of Move" column.
- In case of a move by all household members, encircle (O) "1. All," and if not all members, "2. Partial"
- The applicant needs to write in own hand in the "Applicant" column, and the applicant can only be the head or member of household.
  - For "Tel." please be sure to write telephone number you can be reached during the daytime. In case the applicant is neither head nor member of household, a Letter of Proxy "I'nin jou" is required.
  - (A private inkan-stamp "mitome in" is valid, but the automatic stamp type is not.)
- Inscribe the new address in the "New Addr." column and the address where you had been living in the "Old Addr." column.
- Inscribe the head of household at the new address in the "New Head of Household" column and the head of household at the old address in the "Old Head of Household" column.
- In case any household members other than head remain in Ota from this move, decide the new head of household among these remaining persons and fill into corresponding column.
- Write in all the names and dates of birth of all members of household who are moving out.
- · As "relation," write in the type of relation as viewed from the old head of household.
- Encircle (O) corresponding columns in case of the holders of National Health Insurance and "Juuki Card."

## Certificate of Moving Out - Application Form 転出証明書申請書

Notification Date 届出日	年_月_日 YY MM DD	1. All 全部	Applica	ınt 届出人:	a gina aman di a bancoloni	•
Date of Move	年月日 YY MM DD	2.Partial	Tel.	(	)	(Inkan-stamp)
異動日 New Addr. 新住所			32000 Each Color (1990)		***************************************	or transfer and the second
Old Addr. 旧住所	Gunma-ken, Ota-shi	群馬県太田	1 fi			
New Head of Household 新世帯主			who will	be new head o 世帯主のみの場	of househol	s moving out, fill in d remaining in Ota 世帯の新世帯主を記入
Old Head of Household 旧世帯主			,		ehold in C	Ota(太田の)新世帯主: 】

		·			*		
Name 氏名	Relation- ship 続柄	Nat'l Health Ins国保	"Juuki" Card 住基カード	Date of Birth 生年月日			
				YY	年	月 DD	
		-		YY	年年	月 DD	_日
				YY	年 MM	月 DD	_B
				YY	年年	月 DD	_目
				YY	年 MM	月 DD	_8
				YY	年	DD	_H

Enclose this application and photocopy of documents of identification in a stamped, self-addressed envelope and mail to addressee Ota City Hall, Residents' Affairs Division Counter Records Section at address, below:

Addressee: Ota Shiyakusho, Shimin-Ka, Madoguchi Kiroku-Kakari Address: 7373-8718 Gunma-Ken, Ota-Shi, Hama-Cho 2-35