Application for Moving-out Notification

Τc	the Mayor of Gifu City	A 11							
		Applicant Relationship to	_				/	·	
	Full Name	listed person(s)	Daytime contact information (TEL)						
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)
Ac	ldress	Apartment or building name							
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×	If you are not a person listed or member of the	air household y	/ou will	need a	nowe	r of attor	nev)
	Date that the person(s) above moved			_	powe		ney.		
or scheduled date of move		Y				M D			
	New Address Same as applicant's add	ress				Head of Household			
	Previous Address					Head of Household			
+						Thead of Thousenoid			
	阜市 (Gifu City)								
[Person(s) moving out] & Please write do				duals	who are n	noving ou		7
	Full Name	Date of	Birth `	ΥMD		Gender	Relationship	Card	1
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	7			141					4
	I would like to move out using my Individual								
	(My) Number Card.								
	• As no certificate of moving out will be issued in this case, no reply envelope or stamp is required.								
	 Please complete the process of moving in with the local government of your new address within 14 days from the day you move in. You will need your Individual (My) Number Card and your 4-digit PIN 								
	number for the procedure.								
	[Enclosure](Please enclose the following articles with this application form)								
	☐ A copy of the applicant's ID								
	Dente ID Venue liter Driver's literate residence and reserve state								
	Photo ID Yes····1item Driver's license, residence card, passport, etc.								
	\square No ····2 or more items Health insurance card, pension book, etc.								
	Self-addressed stamped envelope (SASE) (If you wish to use your Individual (My) Number Card for moving out, you do not need this.)								
	(If you wish to use your Individual (My) Number Card National Health Insurance card (Iss			need this	.)				
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