**Individual Number (My Number マイナンバー) Report Form**

**Institute of Science Tokyo**

The Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures requires Institute of Science Tokyo (“Science Tokyo”) to collect the Individual Numbers of its faculty and staff (including non-regular staff) and their dependents for the following purposes. We request that all new faculty and staff fill out this form and submit it together with supporting documents as instructed below.

**[Use of Individual Number]**

|  |  |
| --- | --- |
| 1. Tax withholding from earned income and retirement income | 1. Submitting enrollment or notification documents on a category III insured person in the National Pension Plan |
| 1. Submitting enrollment or notification documents to the National Public Service Personnel Mutual Aid Association | 1. Issuing payment records for reporting remuneration and fees |
| 1. Submitting enrollment or notification documents on health insurance and employee pension insurance | 1. Issuing payment records for reporting charges for real estate usage |
| 1. Submitting enrollment or notification documents on labor insurance | 1. Issuing payment records for reporting amounts paid for purchases, transfers, etc. of real estate |
| 1. Submitting enrollment or notification documents on an employee’s property accumulation savings plan for homeownership and pension | 1. Determining eligibility for financial aid for high school students |

Date submitted (yyyy/mm/dd): / /

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff ID No.\* |  |  |  |  |  |  |  |  |  | Furigana (ふりがな) |  |
| Affiliation\* (School, department, division, etc.) |  | | | | | | | |  | Your name |  |
| Employment start year and month (yyyy/mm) | / | | | | | | | | Date of birth  (yyyy/mm/dd) | / / |

\*Leave blank if unknown.

１ I hereby submit a copy of a Certificate of Residence (住民票) to verify my Individual Number and those of my dependents as attached. (The Certificate of Residence must show relevant Individual Numbers.)

２ In addition, I submit supporting document(s) from the list (1) or (2) below to verify my identity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (1) One of the following photo IDs | | or | (2) Two of the following non-photo IDs | |
| * My Number Card (front side) * Driver’s license | * Passport * Residence card　(在留カード) | * Health insurance card * Family register (certified extract) * Certificate of seal impression | * Withholding tax statement * Pension book * Receipt for tax or utility payment |
| * Other photo ID issued by a government office | |

**[The section below is only for those who have qualifying dependents]**

３ The following are my relatives who qualify as dependents under the Income Tax Act or the policy of the Federation of National Public Service Personnel Mutual Aid Associations (国家公務員共済組合).

**[Spouse]**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Date of Birth (yyyy/mm/dd) |
|  |  |  |

|  |  |
| --- | --- |
| By signing below, I authorize my spouse, an employee of Science Tokyo, to submit documents showing my Individual Number in procedures involving a category III insured person in the National Pension Plan processed through Science Tokyo. | |
| Authorizer’s signature: |  |

**[Dependents Other Than Spouse (Children, Parents, etc.)]**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Date of Birth (yyyy/mm/dd) |
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