

*Please print the application on A4-sized paper.

University use only 受付番号 -

1. Applicant Information

Name (in English alphabet): _____
 (as printed on your Student ID)
 College of _____

Those scheduled to graduate in March of 2016: check the box to the left.

Student ID Number														
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〒 _____ - _____
 Address: _____
 Cell Phone Number: _____ - _____ - _____
 Email Address: _____

2. Early Payment:

(Please check only if requesting early payment. Applicants must be scheduled to close their bank accounts by mid-February for a legitimate reason, such as graduation at the end of the 2016 fall semester, to be eligible)

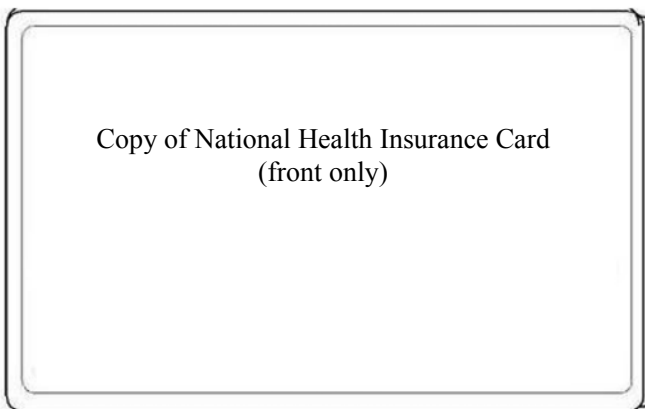
I request early payment:
 Scheduled Date of Bank Account Closure: _____
 Reason: _____

Pre-Submission Checklist

- My insurance card and bankbook copies are clear and completely legible.
- My Insurance card is not expired.
- My insurance card shows my current address.

3. National Health Insurance Card Copy

- Attach an original-sized copy of only the front of your card



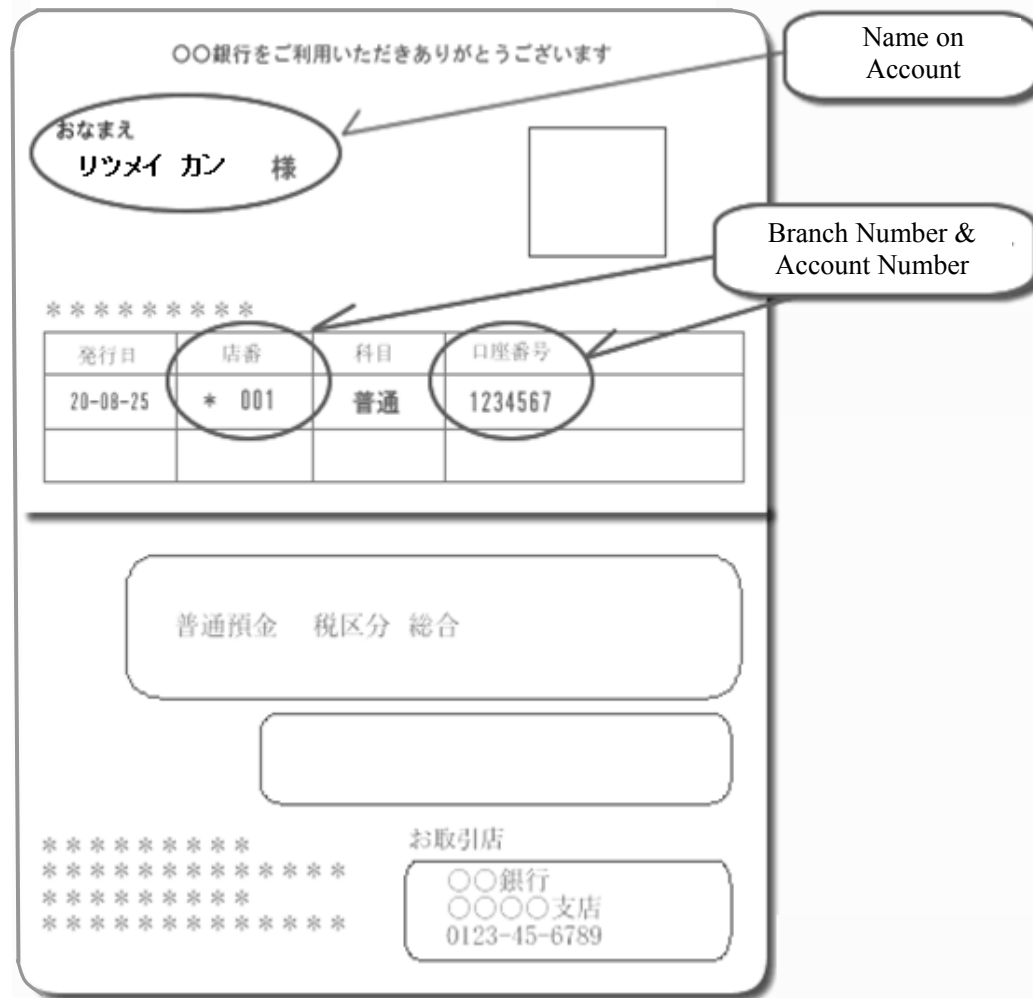
Copy of National Health Insurance Card
(front only)

4. Copy of Front Inside Cover of Bank Passbook

- Copy should resemble the sample below
- Copy must be the same size as the original document

Front Inside Cover of Bank Passbook (Sample)

Please copy and attach this page



※**Kyoto Shinyo Kinko** account holders must also submit a copy of their **Cash Card** by attaching it to the back of this form.

University use only 事務記入欄 :