

**Application Form for 2017 Ritsumeikan University Parents Association of Student Education Assistance National Health Insurance Fee Assistance (Fall Semester)**

\*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 \_\_\_\_\_

Student ID Number																			
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〒 \_\_\_\_\_ - \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2. Early Payment Qualification Check:** Check the box if you are scheduled for one of the following.

- Early Payment: (Please check only if requesting early payment. Applicants must be scheduled to close their bank accounts by End-Feb for a legitimate reason to be eligible. Ex: Mar 2018 Graduation)  
 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

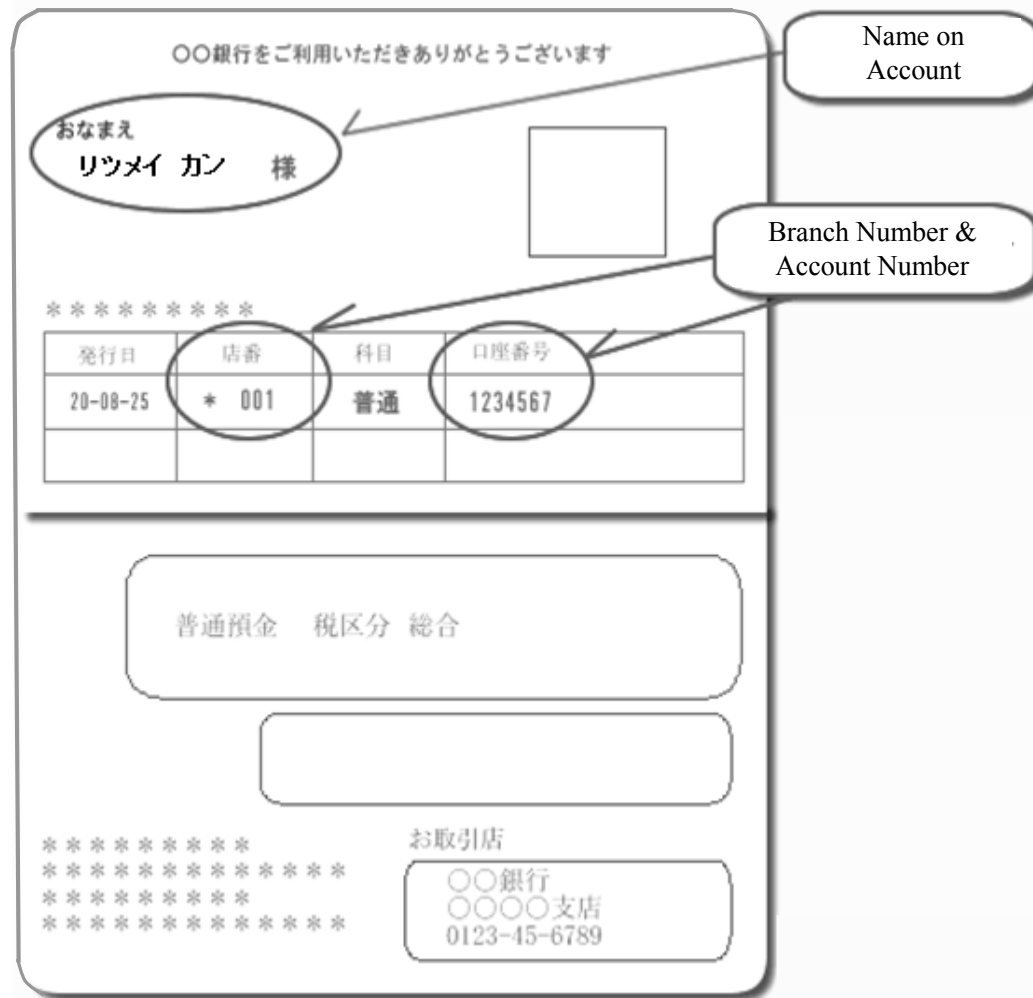
Copy of National Health Insurance Card  
(front only)

**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 Shinvo 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 :