

*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.

Sep 2018 Graduation; Fall Semester 2018 Leave of Absence or Study Abroad

3. Early Payment: (Please check only if you check the box above and request early payment. Applicants must be scheduled to close their bank accounts by mid-July for a legitimate reason to be eligible.)

I request early payment:
 Scheduled Date of Bank Account Closure: _____
 Reason: _____
 In case of early payment, you'll receive the assistance at the end of July.

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.

4. National Health Insurance Card Copy

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

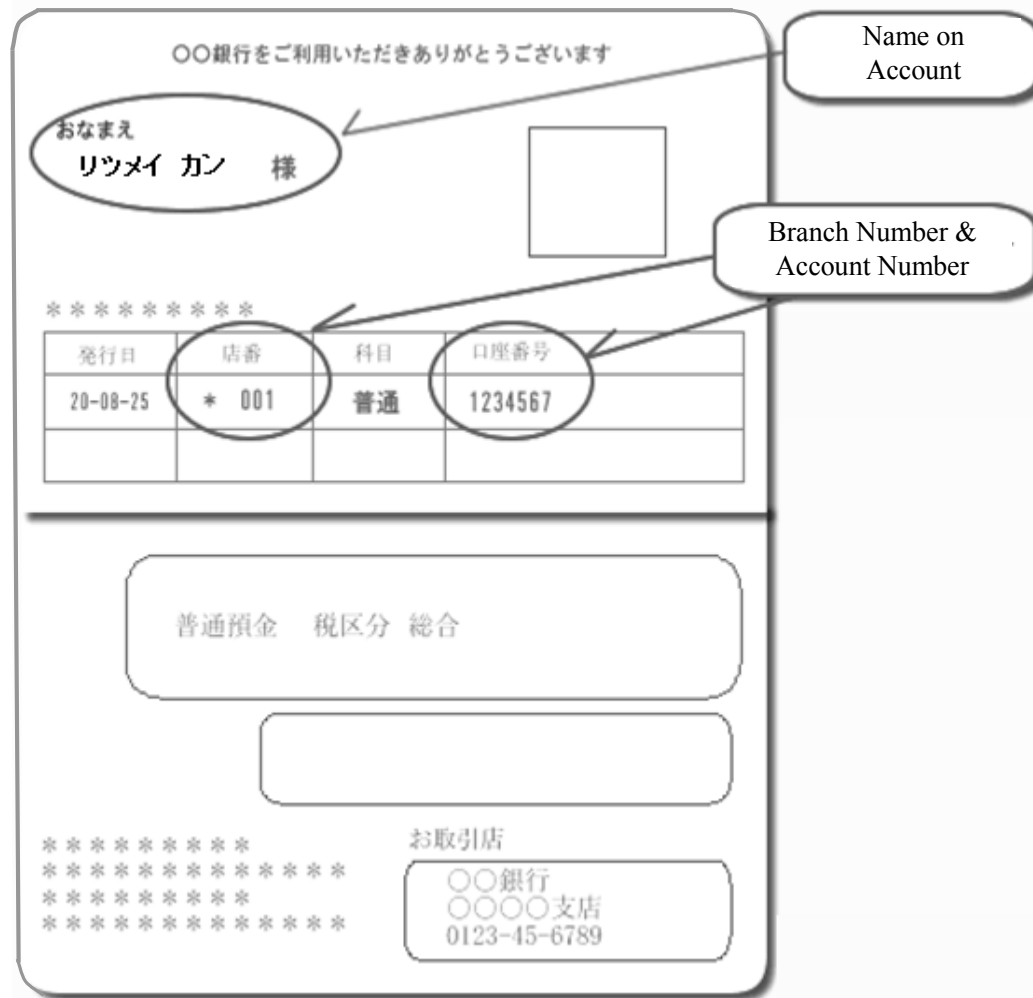
Copy of National Health Insurance Card
(front only)

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 :