Report on establishment of office covered by employment insurance

(Be sure to read notice before making entries on page 2.)

Document types(accounts/slips) 1 2 0 0 1

1.Corporate Number (No need to fill out if you are an individual proprietor.)

2.Name of the business establishment

4.Postal code

5.Address

6.Telephone number of company (Please fill in each item on the left.)

Area code / Local exchange number / Number

7.Established date

5 – (Era name) (Year) (Month) (Day) (3 Showa 4 Heisei 5 Reiwa)

8.Number of labour insurance

Prefecture / Authority Jurisdiction / Key number / Branch number 2

* Public Employment Security Office only

9.Establishment category (1 Applicable 2 Voluntary)

10.Business category (1 Individual 2 Outsource)

11.Industry category

12.Register storage type (1 For businesses employing daily insured persons only 2 Shipowner)

13. Business operator

Address (For corporations, name of main business)

Company

Name (For corporations,full name of representative)

14. Summary of the business type (If a fishery, enter gross tonnage of your fishing boat)

15. Starting date of the business

※ 16. Ending date of the business

17. Number of full time worker

18. Number of insured person — General / day worker

19. Information of salary payment — Closing day of payroll: Date; Payday: ☐ End of this month ☐ /next month

20. Department in charge of employment insurance: General affairs section Personnel/payroll unit

21. Situation of joining social insurance: ☐ Health insurance ☐ Employees pension insurance ☐ Industrial accident insurance

Remarks

※ Director / Deputy Director / Manager / Chief / Staff in charge / Operator

(Submit this notification within 10 days from the first day following the date business was established.)

Notes

1 For field 1, please enter the corporate number notified to your head office, etc., by the Commissioner of the National Tax Agency in October 2015 or later.

2 Please enter the office telephone number in section 6. In this case, please write each item aligned to the left, and write the local exchange number and telephone number aligned to the left in the five boxes following the hyphen (-)
(example: 03-3456-XXXX→ 0 3 □ □ □ − 3 4 5 6 □ − X X X X □)

3 In section 7, enter the date on which the business became eligible for employment insurance. In this case, please enter the code number corresponding to the name of the Japanese era. If the year, month, or day is one digit, write it in two digits by adding a "0" to the tens place for each.
(Example: April 1, 2002 → 4 − 1 4 0 4 0 1)

4 In section 14, please specifically enter the product name and manufacturing process or business content (for example, construction business, forestry, etc.).

5 In section 18, next to "General", enter the total number of general insured persons, elderly insured persons, and short-term employment special insured persons from among those covered by employment insurance. Next to "Day Worker," enter number of insured day workers.

6 For section 21, please circle the applicable items.

7 In section 22, please enter a map of the route from the nearest train/subway station or bus stop to the business office.

Requests

1 Please submit within 10 days from the day after establishing your business office.

2 Please bring a business license, registration certificate, and other documents that can confirm the details.

22.Directions from the nearest train/subway station or bus stop to the office

Section to Be Completed
by Labor Insurance Affairs Association

Address

Name

Name of Representative

Start of Outsourcing — Date (MM/DD/YYYY)

Cancellation of Outsourcing — Date (MM/DD/YYYY)

Section to Be Completed by Labor and Social Security Attorney	Display of Creation Date/Submission Proxy /Administrative Representative	Name	Telephone

* These procedures can also be submitted electronically. For more information, please contact the public employment security office in your jurisdiction. Regarding these procedure, if a labor and social security attorney performs the procedure for submitting this notification via electronic application on behalf of the business owner, by submitting together with the application proof that the labor and social security attorney is the submission proxy for the business owner, that proof can be used in place of the electronic signature of the business owner.