

# Power of Attorney Form

委任状  
(For Change of Residence Notification)  
(住民異動届用)

The mandator (person using the proxy) must fill out this entire form and stamp with their personal seal.  
委任状(頼む人)がすべて記入・押印してください。

Submitted to the Mayor of Saga City

佐賀市長 あて

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_

(The date this form is completed)

(委任状を作成した日付)

Proxy 代理人	Address 住所	
	Name 氏名	

Old Address:旧住所 \_\_\_\_\_

(For those living in apartment or other multi-unit buildings please be sure to put your building name and room number)  
(マンション・アパート等にお住まいの方は、建物名と部屋番号までご記入ください)

New Address:新住所 \_\_\_\_\_

(For those living in apartment or other multi-unit buildings please be sure to put your building name and room number)  
(マンション・アパート等にお住まいの方は、建物名と部屋番号までご記入ください)

I, appoint the aforementioned person to act on my behalf as a proxy and entrust them with all authority related to the submission of my Notification of Change of Residence from "Old Address" to "New Address." This includes authority to handle all procedures related to Welfare, National Health Insurance, National Pension etc.

私は上記の者を代理人と定め住民異動の届けに関するすべての権限(届出に伴う福祉・国民健康保険・国民年金等の手続きを含む)を委任します。

If at the same time you are also having your proxy request issuance of documentation on your behalf, such as a Resident Registration Card please specify below.

同時に、住民票などの証明書の交付請求を委任される場合は、下記に記入してください。

Necessary Documentation \_\_\_\_\_ Number of Copies: \_\_\_\_\_  
必要とする証明書 通数

Mandator 委任者 (Person Using Proxy) (頼む人)	Name 氏名	Seal ⑧
	Date of Birth 生年月日	Year: _____ Month: _____ Day: _____
	Telephone Number 電話番号	

(Please list a daytime phone number you can be reached at as we may confirm details of this delegation of authority by phone.) (委任の内容について電話で確認することがありますので、日中連絡の取れる電話番号をご記入ください。)

※Please file this notification after you begin living at a new address following a move to Saga City from outside Saga City, or a move within Saga City. ※佐賀市外から市内への転入、佐賀市内での転居は、新しい住所に住み始めてから届け出てください。