

# Important Notice

For persons **with** a registered public money receiving account

Program funded by the National Temporary Grant for Regional Revitalization as Priority Support Measures Against Rising Prices

**Notice regarding the payment of Kato City Food and Commodity Price Inflation Support Benefit**

You are eligible to receive this benefit **without application!**

## 1 . Eligible persons

**Heads of households that are registered in Kato City (as of January 1<sup>st</sup>, 2026)**

## 2 . Amount of payment

**¥8,000 times the number of household members.**

**Note: The total amount for all members will be paid to the head of household.**

## 3 . Date of payment

**March 27, 2026 (Friday)**

\*Applies only if the payment is made to the registered public money receiving account listed in the attached Payment Confirmation Form.

\*The public money receiving account information used is as of February 5, 2026.

Even if the public money receiving account is changed after that date, the payment will be sent to the previously registered account.

### [Please note]

If you wish to refuse the benefit, or if you wish to designate an account other than your registered public money receiving account, please submit notification via the QR code on the right, or fill in the required information on the Payment Confirmation Form, attach the required documents, and submit them to the contact below by the submission deadline. If you choose an account other than the registered public money receiving account, the payment will be made from late April onward.



**Deadline for submission: Friday, March 13, 2026 (documents must be received by this date)**

### ■ Kato City Food and Commodity Price Inflation Support Benefit – Contact Desk

50 Yashiro, Kato City, Hyogo 673-1493, Japan

Kato City Hall, Community Development Policy Department, Planning and Policy Division (4th Floor, City Hall Building) Tel: 0795-27-7031 (Exclusive Hotline for Benefit Inquiries)

Office hours: Weekdays, 8:30 AM – 5:15 PM

Email: [kikaku-kyufu@city.kato.lg.jp](mailto:kikaku-kyufu@city.kato.lg.jp)

Warning: Be careful of **“bank transfer scams”** and **“personal information fraud”** related to the **Kato City Food and Commodity Price Inflation Support Benefit**.

1. Please submit your application in accordance with this official notice. The city will not direct you to apply via email, apps, or similar methods.
2. If you receive any suspicious visits or phone calls from someone claiming to be a city official at your home or workplace, please contact Kato City Hall or your nearest police station (or the Police Consultation Hotline: #9110).

If you wish to receive the payment via your registered public money receiving account, no procedure is required.

(裏面)

# Payment Confirmation Form Example

## ■別の口座で受け取りを希望する方

世帯主氏名、確認日、連絡先電話番号を記入してください。

世帯主氏名	〇〇 〇〇	確認日	令和8年 3 月 24 日	連絡先電話番号	0795-42-3301
【受取希望】 <b>Name of applicant</b>		<b>Date of application</b>		<b>Daytime phone number</b>	
金融機関名	支店名	分類	口座番号	口座名義(カブ)	
〇〇〇〇	〇〇	1. 普通 2. 当座	1 2 3 4 5 6 7	Kato Taro	
金融機関番号	店番号				
1 2 3 4	1 2 3				

Please enter the account you wish to use to receive the payment.  
\*If using the public money receiving account on the front, leave this field blank ( you do not need to submit this form).

Using an account not in the name of the head of household will be treated as an application by a representative.

Please attach a copy of your bankbook or cash card showing the account details above.  
For Yucho Bank, attach the page showing the transfer account number.  
\*No documents are required for the public money receiving account shown on the front.



Please attach ID of the head of household (the named recipient).  
\*No ID required for other household members.  
\*Health insurance cards are not accepted.  
\*If applying by representative, please also attach the ID of the representative.

【代理確認】				<b>For application by representative</b>	
フリガナ 代理人氏名	世帯主との関係	代理人生年月日	代理人住所		
〇〇 〇〇	child	2003年 3月 20日	〇-〇-〇 〇〇〇〇〇, Kato City, Hyogo Prefecture		
Name of representative		Either one is required: • Sign of the head of household or • Head of household's name and seal		電話番号 090 ( 1234 ) 〇〇〇〇 署名 (又は記名押印) Kato Taro (印)	

## ✓check here 拒否する方

If you wish to refuse the benefit

確認欄(チェック欄)に✓を入れ、世帯主氏名、確認日、連絡先電話番号を記入してください。

私は、表面に記載の支給対象者分の加東市食料品等物価高騰支援給付金の受給を拒否します。

世帯主氏名	〇〇 〇〇	確認日	令和8年 3 月 24 日	連絡先電話番号	0795-42-3301
Name of head of household		Date of application		Daytime phone number	