別記第１号様式（第５条関係）

令和　　年　　月　　日

（宛先）新発田市長

新発田市自転車用ヘルメット購入助成金交付申請書兼請求書

　新発田市自転車用ヘルメット購入助成金交付要綱第５条の規定に基づき、次のとおり申請及び請求をします。なお、助成金の交付決定に必要な範囲で、住民基本台帳の記録情報を調査し、利用することを承諾します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申請者  (保護者等) | 住　所 | | | | | | | 〒　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| フリガナ  氏　名 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 年　　齢 | | | | | | | | 歳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 使用者から見た続柄 | | | | | | | □父　□母　□祖父　□祖母  □その他（　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号  (ハイフンなし) | | | | | | | |  | | |  | |  | | | | |  | | |  | | |  | | | |  | | |  | | | |  | |  | | |  |
| 使用者  (未成年者)・自転車用ヘルメット | フリガナ  使用者氏名 |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 生年月日  (西暦・数字のみ) |  | |  | | |  | | | |  | | |  | |  | |  |  |  | | |  | | | | |  | | |  | | | | |  | |  | |  | |  | | |  | | |  | | | |  | | | | |  | | | | |  | | |  | | | |  | | |  | |
| 年 | | | | | | | | | | | | 月 | | | | 日 | | 年 | | | | | | | | | | | | | | | | 月 | | | | 日 | | | | | 年 | | | | | | | | | | | | | | | | | 月 | | | | | | | 日 | | | | |
| 年　　齢 | 歳 | | | | | | | | | | | | | | | | | | 歳 | | | | | | | | | | | | | | | | | | | | | | | | | 歳 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　　所  (申請者と同じ場合は記入不要) | 新発田市 | | | | | | | | | | | | | | | | | | 新発田市 | | | | | | | | | | | | | | | | | | | | | | | | | 新発田市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 認証マーク | □ＳＧ　　□ＣＥ  (EN1078と記載されたもの)  □ＪＣＦ　□ＣＰＳＣ  (1203と記載されたもの)  □ＧＳ | | | | | | | | | | | | | | | | | | □ＳＧ　　□ＣＥ  (EN1078と記載されたもの)  □ＪＣＦ　□ＣＰＳＣ  (1203と記載されたもの)  □ＧＳ | | | | | | | | | | | | | | | | | | | | | | | | | □ＳＧ　　□ＣＥ  (EN1078と記載されたもの)  □ＪＣＦ　□ＣＰＳＣ  (1203と記載されたもの)  □ＧＳ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 購入金額 |  |  | | |  | | | |  | | |  | | 円(税込) | | | | |  | |  | | | | |  | | |  | | | | |  | | 円(税込) | | | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | | 円(税込) | | | | | | |
| 助成申請（請求）額　※１ | |  | | |  | | | |  | | |  | | | 円・・① | | | | |  | | | |  | | | | |  | | | | |  | | | 円・・② | | | | | | | |  | | | | |  | | | | | |  | | | |  | | | | | | | 円・・③ | | | | | | |
| 助成申請（請求）額　合計 | | （①＋②＋③＝） | | | | | | | | | | | | | | |  | |  | |  | | | | |  | | | | | | 円 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 助成金の振込先  ※２ | 金融機関名 | □銀行　□信金　□金庫　□信組　□農協 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本・支店名 | □本店　　□支店 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座種別 | □普通　　□当座 | | | | | | | | | | | | | | | | | | | | | | | 口座番号 | | | | | | | | | | | | | |  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | | |  | | | | |  | | |
| フリガナ  口座名義 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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（※１）助成申請（請求）額は、購入金額の２分の１（１００円未満切り捨て）又は２，０００円のいずれか低い額

（※２）助成金の振込先は、申請者（保護者等）本人の名義の口座を記入してください。

【添付資料】

・　レシートその他の自転車用ヘルメットの購入費を支払ったことを証するものの写し

・　認証したマークを確認できる写真等（ヘルメット本体の安全認証マーク部分等が分かるもの）

・　使用者の住所、氏名、生年月日がわかるものの写し（マイナンバーカード、子ども医療費受給者証　など）

・　振込先の口座が確認できる通帳等の写し

・　（その他　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　）