	Form no. 6 (Re: insurance Application 1 Act on Asbestos Health Damage Relief		ontinued project uding grouped terminable businesses)Standard writing styleCourtesy Translation0123456789					
-	induitin Duillago Itolior	I declare as follows.	Read "Writing instructions" on page 3 before filling in this form. Write in the OCR boxes in the standard writing style as shown above.					
Туре	3 2 7	Modified item number **Input code 0 0 Image: State of the stat	Jurisdiction (2) Re: Insurances Business type Interest described d					
insurance number	Prefecture	Administration Base number Bi	Addressed to:					
nce)er		of addition (Era name: 7 for Heisei)						
	Era name	year month day Era name	Isiness closure, etc. (Era name: 7 for Heiser) **Reason for business closure, etc. - year Item4					
Q	(4) Number of (permanent employees (5)Number of persons covered by Employment Insurance (thousand) (tundred) (ten) (persons) Item6 (thousand) (thousand) (thousand) (tundred) (ten) (r	(6)Number of elderly persons exempt from insurance payment [thousand] [thousand] [thou					
Please								
Fixed e do not fi	\bigcirc Classification	Period of calculation: from He ®Premium/Contribution calculated basis amount	eisei (year) (month) (day) to Heisei (year) (month) (day) ^(*) Premium/Contribution rate ^(*) Fixed Insurance Premium/General Contribution amount ([*] × [*])					
ed Insurance ot fold this form.	Labor Insurance Premium	(a) (hundred trillion) (ten trillion) (trillion) (hundred million) (ten million) (million) (hundred thousand) (ten thousand) (thousand) (thousand) (thousand) [tem11] Item11 thousand yen	(a) one thousandth (a) (ten trillion) (trillion) (hundred million) (ten million) (million) (hundred thousand) (ten thousand) (thousand) (hundred (ten) (yen) (ten trillion) (trillion) (trillion) (ten million) (million) (million) (hundred thousand) (ten thousand) (thousand) (ten trillion) (ten trillion) (ten million) (million) (million) (ten thousand) (ten thousand) (thousand) (thousand) (ten trillion) (ten trillion) (ten million) (million) (million) (ten million) (ten million) (ten million) (ten million) (ten thousand) (ten thousand) (ten thousand) (ten thousand) (ten trillion) (ten million) (ten million) (million) (ten million) (ten milli					
nce Pre form. If yc	For Industrial Accident Compensation	Item13	(b) one thousandth (b) (ten trillion) (trillion) (trillion) (million) (million) (million) (ten thousand) (ten thousand) (thousand) (thousand) (ten thousand)					
Fixed Insurance Premium calculation breakdows (Please do not fold this form. If you need to fold it, fold at the folding	Insurance For employees applicable for	thousand yen (c) (hundred trillion) (ten trillion) (hundred million) (ten million) (million) (hundred thousand) (ten thousand) Item 15	yen General C					
calculation to fold it, fold :	Employment Insurance For elderly	(d) (hundred trillion) (ten trillion) (trillion) (hundred million) (million) (hundred thousand) (ten thousand) (thousand)	(d) one thousandth (d) Item17 item17 (h) one thousandth (h) (ten trillion) (trillion) (tundred million) (ten million) (ten million) (ten tousand) (ten thousand) (ten tousand) (ten tousa					
1 breakdow at the folding	ing employees	thousand yen	(h) one thousandth (h) (ten trillion) (trillion) (ten million) (million) (hundred thousand) (ten thousand) (thousand) (th					
lown G	For ipplicable for premium nalenlatio urance	(g)	(i) one thousandth (i) (cen trillion) (trillion) (hundred million) (million) (million) (hundred thousand) (ten thousand) (thousand)					
č. G	eneral Contribution Note1	Item35 thousand yen	Item36 yen					
Estima	①Classification		ed on /					
ted/Increase	Labor Insurance Premium	(a) (hundred trillion) (ten trillion) (trillion) (hundred million) (million) (hundred thousand) (ten thousand) (thousand) I I I I I I I I I I I I I I I I I I I	(b) one thousandth (a) (ten trillion) (trillion) (hundred million) (million) (million) (hundred thousand) (ten thousand) (thousand)					
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Insurance Pr	employees applicable for	(c) (hundred trillion) (ten trillion) (trillion) (hundred million) (ten million) (million) (hundred thousand) (ten thousand) (thousand)	amage Relief					
emium calcul	For en elderly	thousand yen (d) (hundred trillion) (ten trillion) (hundred million) (ten million) (million) (hundred thousand) (ten thousand) (thousand) Item 25	Article 35					
Premium calculation breakdown	For employees employees applicable for premium	(f) (hundred trillion) (ten trillion) (trillion) (hundred million) (ten million) (million) (hundred thousand) (ten thousand) ((h) one thousandth (h) ten trillion) (trillion) (trillion) (ten million) (million) (million) (million) (thousand) (ten thousand) (thousand) (th					
[[©] Zip code of business	owner (fill in if there is a change)	er (fill in if there is a change) -					
[*Recalculation: yes or	no %Calculation bases inspection subject %Data indication code %Classification of Reentry ttem32 ttem33 ttem34						
	BApplied Est	imated Insurance Premium yen	Please do not write \ before the sum in (2), (2), and (3) (2) Applied Estimated Insurance Premium yen					
	@Deduction approprid (a) Amount @Deduction approprid 0 Period 1	((a) of (b) - (b))	DIncreased Estimated Insurance Premium ((a) of (4) - (19) yen					

22Amount of payment for e	Period 1 (Initial period) Pay in full or	(a) Estimated Insurance Premium((a) of $(4) \div (7)$ + fractions of less than 1 yen after the next nervind)			(b) Amount appropriated ((a) of (20)) yen (c) Amount of shortage ((c) of (20) yen yen			(d) Labor Insurance Premium for this period((a) - (b) or (a) + (c)) yen			eneral Contributions f) of (10) Note 2 yen	(f) Amount of payment for this period ((d) + (e)) yen	²³ Date of Establishment of Insurance Relation		
	Period 2	yer) ÷ []7) yen		appropriated - (b) of 22) yen	2) Period 2((g) – (h)) yen yen		(Business or work type					
ach period	Period 3	1 3 ((a) of (1) ÷ (7))				appropriated - (h) of 22) yen	(j) Amount of payment for Period 3 ((j) – (k))			Q	Zip code		Telephone number		@Reason for business closure, etc.
26 H	Inrolled La	abor Insurance	Com	pensation	rial Accident ion Insurance Special target h nent Insurance		business	s (a) Applicable (b) Unapplicable		29Business	(a) Address(For corpo the address of the ma				(1)Closure (2)Entrustment (3)Separate (4) Other
8	(a) Address							OWI	(b) Name of bus	siness					
Business		(b) Name							ner	(c) Name of busin owner(For corporation name of the deleg	ons, the		Name and seal or sig Sea		

Cutting line (Please do not cut off the first page.)