年月　日

　(宛先)高松市長

加入者番号

住　　所

事業所名

代表者氏名

　　　　　　　　　　　 　　高松市中小企業

事業所変更届

勤労者福祉共済事業

次のとおり、事業所の内容に変更が生じたので、高松市中小企業勤労者福祉共済条例施行規則第９条第１項の規定により提出します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 変更内容 | | 変更後 | | | | | | | | | | | | | | | | | | | | 変更前 | | | | | | | | | | | | | | | | | | | |
| 事業所の住所 | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| (フリガナ)  事業所の名称 | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| (フリガナ)  加入者の氏名 | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 法人番号※ | |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |  |  | |  |  | |  |  | |  | |  | |  |  | |  |  | |  |
| 電話番号 | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 共済掛金振替口座 | 金融機関名 |  | | | | | | | | | | (本・支店名等) | | | | | | | | | |  | | | | | | | | | | (本・支店名等) | | | | | | | | | |
| 種　　　目 | 普　通　　・　　当　座 | | | | | | | | | | | | | | | | | | | | 普　通　　・　　当　座 | | | | | | | | | | | | | | | | | | | |
| 口座番号 |  | |  | | |  | | |  | | | |  | | |  | | |  | |  | |  | | |  | | |  | | | |  | | |  | | |  | |
| 口座名義人  (カタカナ) |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 給付金振込口座 | 金融機関名 |  | | | | | | | | | | (本・支店名等) | | | | | | | | | |  | | | | | | | | | | (本・支店名等) | | | | | | | | | |
| 種　　　目 | 普　通　　・　　当　座 | | | | | | | | | | | | | | | | | | | | 普　通　　・　　当　座 | | | | | | | | | | | | | | | | | | | |
| 口座番号 |  | |  | | |  | | |  | | | |  | | |  | | |  | |  | |  | | |  | | |  | | | |  | | |  | | |  | |
| 口座名義人  (カタカナ) |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |

※　個人事業主は記入不要です。

法人番号とは設立登記法人等に対して国税庁長官が指定する番号です。

添付書類

（１）　共済掛金振替口座の内容を変更する場合　高松市使用料等口座振替依頼書・自動払込利用申込書

（２）　事業所の名称を変更する場合　高松市中小企業勤労者福祉共済事業被共済者証（様式３号）