様式第1号(第3条関係)

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|  | | 久万高原町介護保険住宅改修費・福祉用具購入費  受領委任払制度取扱事業者登録届出書 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| 久万高原町長　様  (申請者)住所  事業者名称  代表者氏名　　　　　　　　　　印  　次のとおり住宅改修費・福祉用具購入費の受領委任について申し出ます。  　なお、久万高原町介護保険住宅改修費・福祉用具購入費受領委任払制度に基づき、  私が受領する住宅改修費・福祉用具購入費については下記の口座へ振り込んでください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 事業所名称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| (フリガナ)  代表者氏名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 事業所の所在地 | | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 住宅改修費・福祉用具購入費の代理受領に係る登録口座 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 銀行  信用金庫  信用組合  農協 | | | | | | | | | | | 本店  支店  出張所  支所 | | | | | | | | | | | | | | 1　普通預金  2　当座預金  3　その他 | | | | | | | | | |
| 金融機関コード | |  |  | |  | |  | 店舗コード | | | | |  | |  | |  | 口座番号 | | | |  | |  | | |  | |  | |  |  | |  |
| ゆうちょ銀行 | | |  | | |  | | |  |  | |  | | ― | |  | | |  |  |  | |  | | | | |  | |  | | |  | |
| (フリガナ)  口座名義人 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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