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| **受付番号** |  |

平成 　　年 　　月 　　日

**電子請求受付システム**

**電子証明書失効申請書（事業所請求用）**

**長崎県国民健康保険団体連合会**

**理事長　様**

**申請者　　住　所**

**法人名**

**代表者　　　　　　　　　　　　　　　印**

**下記の理由により、電子証明書の失効を申請します。**

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| **ユーザID**  **（必須）** | **K** |  | |  |  | |  | |  |  | |  | |  |  | |  | |  | **―** | |  | |  |
| **事業所名（必須）** | **（カナ）** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **代表者名（必須）** | **（カナ）** | | | | | | | | | | | | | | | | | | | | | | | |
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| **郵便番号（必須）** | **〒　　　　－** | | | | | | | | | | | | | | | | | | | | | | | |
| **住所（必須）** | **（カナ）** | | | | | | | | | | | | | | | | | | | | | | | |
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| **電話番号（必須）** |  | | | | | | | | | | | | | | | | | | | | | | | |
| **FAX番号** |  | | | | | | | | | | | | | | | | | | | | | | | |
| **メールアドレス** |  | | | | | | | | | | | | | | | | | | | | | | | |
| **事業所番号（必須）** |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | |
| **有効期限** | **平成　　年　　月　　日　～　平成　　年　　月　　日** | | | | | | | | | | | | | | | | | | | | | | | |
| **失効年月日** | **平成　　年　　月　　日** | | | | | | | | | | | | | | | | | | | | | | | |
| **失効理由** |  | | | | | | | | | | | | | | | | | | | | | | | |

＜国保連合会記入欄＞

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| 受付日 | 平成　　年　　月　　日 | 担当者 |  |
| 失効年月日 | 平成　　年　　月　　日 | 手数料残高 |  |

**記載例**

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| **受付番号** |  |

平成 ２７ 年 ４ 月 １ 日

**電子請求受付システム**

**電子証明書失効申請書（事業所請求用）**

**長崎県国民健康保険団体連合会**

**理事長　様**

**申請者　　住　所**○○県△△市◇◇１－１－１

**法人名**○○○法人　△△会

**代表者**事業者　太郎　　　　　　　　**印**

**下記の理由により、電子証明書の失効を申請します。**

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| **ユーザID**  **（必須）** | **K** | **J** | | **２** | **２** | | **２** | | **２** | **２** | | **２** | | **２** | **２** | | **２** | | **２** | **―** | | **０** | | **０** |
| **事業所名（必須）** | **（カナ）サンカクサンカクジギョウショ** | | | | | | | | | | | | | | | | | | | | | | | |
| **△△事業所** | | | | | | | | | | | | | | | | | | | | | | | |
| **代表者名（必須）** | **（カナ）ジギョウシャ　ジロウ** | | | | | | | | | | | | | | | | | | | | | | | |
| **事業者　次郎** | | | | | | | | | | | | | | | | | | | | | | | |
| **郵便番号（必須）** | **〒 １１１ – １１１１** | | | | | | | | | | | | | | | | | | | | | | | |
| **住所（必須）** | **（カナ）マルマルケン サンカクサンカクシ シカクシカク** | | | | | | | | | | | | | | | | | | | | | | | |
| **○○県△△市◇◇１－２－３** | | | | | | | | | | | | | | | | | | | | | | | |
| **電話番号（必須）** | **９９９－９９９－９９９９** | | | | | | | | | | | | | | | | | | | | | | | |
| **FAX番号** | **９９９－９９９－９９９９** | | | | | | | | | | | | | | | | | | | | | | | |
| **メールアドレス** | **jigyousya@jp** | | | | | | | | | | | | | | | | | | | | | | | |
| **事業所番号（必須）** | **4** | | **2** | | | **0** | | **0** | | | **0** | | **0** | | | **0** | | **0** | | | **0** | | **0** | |
| **有効期限** | **平成 27 年 4 月 1 日　～　平成 30 年 3 月 31 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **失効年月日** | **平成 27 年 5 月 1 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **失効理由** | **事業所の廃止に伴い、証明書が不要となったため。** | | | | | | | | | | | | | | | | | | | | | | | |

＜国保連合会記入欄＞

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| --- | --- | --- | --- |
| 受付日 | 平成　　年　　月　　日 | 担当者 |  |
| 失効年月日 | 平成　　年　　月　　日 | 手数料残高 |  |