

労働保険 0: 保険関係成立届(継続) (事務処理委託届)
1: 保険関係成立届(有期)
2: 任意加入申請書(事務処理委託届)

年 月 日

⑯種別 31600

労働局長
労働基準監督署長
公共職業安定所長 殿

(イ) 届けます。(31600又は31601のとき)
(ロ) 労災保険
(ハ) 雇用保険
下記のとおり (イ) (ロ) (ハ) の加入を申請します。(31602のとき)

Form with various fields for address, company name, and insurance details. Includes fields for postal code (860-0047), city (熊本市), district (西区), and company name (株式会社 労働保険).

Form with fields for business details, insurance type, and financial information. Includes fields for business name (株式会社 労働保険), insurance type (労働保険), and financial data (資本金総額の見込額 25,000 千円).

Insurance start/end dates and employee count fields. Includes fields for insurance start date (9-3-4-1), end date, and employee count (10).

Employment insurance insured person count and labor insurance number fields. Includes fields for insured person count (9) and labor insurance number.

Fields for labor insurance numbers 1 and 2, including prefecture, jurisdiction, and branch codes.

Fields for employment insurance business number, prefecture, jurisdiction, and other codes.

Correction fields for English/kanji and Japanese characters.

事業主氏名 (法人のときはその名称及び代表者の氏名)
株式会社 労働保険
代表取締役 熊本太郎

Fields for receipt date and法人番号 (1234567890123).