Form No. 1

　　 DD/MM/YYYY

Oki Islands Geopark Management Bureau

Board Chairperson

Address

Company Name

Representative’s Name and Position

On-site Preliminary Inspection Visit Subsidy Application

In accordance with Article 4 of the Guidelines for Coverage of Expenses Incurred by On-site Inspections by Travel Agencies Specialising in Foreign Travellers Visiting Japan Subsidy Program (FY 2023), I apply to the program as below.

**1. About the On-site Preliminary Inspection**

(1) Objective:　　New-product creation Update of an existing product
\*Please circle the relevant answer

(2) Dates of the Visit: DD/MM/YYYY – DD/MM/YYYY

(3) Destinations (including accommodation)

|  |  |
| --- | --- |
| Name | Have those been included inyour previous travel products? |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

(4) Visitor (person who will visit the islands)

|  |  |
| --- | --- |
| Name, position | Work responsibilities\* |
|  |  |
|  |  |

\*Work responsibilities examples: creation of FIT tours, planning of group tours products, adventure tour product creation, etc.

(5) Proposed dates for the opinion exchange meeting

　 1:

　 2:

　 3:

**2. About the Travel Product You Plan to Create**

(1) Form of travel: individual group ( ppl) other ( )
 \*Please circle the relevant answer

(2) Type: self-guided with a tour leader

\*Please circle the relevant answer

(3) Sales target (country, interests, etc)

(4) Sales period / planned number of tours: MM/YYYY – MM/YYYY / \_\_ times

(5) Planned sales start date: MM/YYYY

(6) Target number of sales: \_\_\_\_ ppl

(7) Difference between the planned updated travel product and the existing travel product
 \*In case you are applying for a visit to update an existing travel product.

**3. Amount Requested: \_\_\_\_\_\_\_\_\_ JPY**

\*50% of the total actual eligible expenses, up to 100,000 JPY.

Form No 2

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　隠ジ機構第〇〇号

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　DD/MM/YYYY

(Name of the Applicant)

　　　　　　　　　　　　 　　　　 Kosei Ikeda
 Board Chairperson

Oki Islands Geopark Management Bureau

Notification of Support Decision

In regards to the application to the Coverage of Expenses Incurred by On-site Inspections by Travel Agencies Specialising in Foreign Travellers Visiting Japan Subsidy Program, which has been submitted on DD/MM/YYYY, and in accordance with Article 5 of the Guidelines, you are notified as below.

1. **On-site Preliminary Inspection Dates**

DD/MM/YYYY – DD/MM/YYYY

1. **Disbursement Conditions and Notes (other than those stipulated in guidelines)**
2. **Planned Disbursement Amount: \_\_\_\_\_\_\_\_\_ JPY**

Form No. 3

　　DD/MM/YYYY

Oki Islands Geopark Management Bureau

Board Chairperson

Address

Company Name

Representative’s Name and Position

Performance Report and Accounting Statement

　　　In regards to the application to the Coverage of Expenses Incurred by On-site Inspections by Travel Agencies Specialising in Foreign Travellers Visiting Japan Subsidy Program, which was approved on DD/MM/YYYY, I report as below in accordance to Article 6 of the Guidelines.

**1. About the On-site Preliminary Inspection**

(1) Objective:　　New-product creation Update of an existing product
\*Please circle the relevant answer

(2) Dates of the Visit: DD/MM/YYYY – DD/MM/YYYY

(3) Visitor (person who will visit the islands)

|  |  |
| --- | --- |
| Name, position | Work responsibilities\* |
|  |  |
|  |  |

\*Work responsibilities examples: creation of FIT tours, planning of group tours products, adventure tour product creation, etc.

(4) Date of the opinion exchange meeting: DD/MM/YYYY

**2. About the Travel Product You Plan to Create**

(1) Form of travel: individual group ( ppl) other ( )
 \*Please circle the relevant answer

(2) Type: self-guided with a tour leader

\*Please circle the relevant answer

(3) Sales target (country, interests, etc)

(4) Sales period / planned number of tours: MM/YYYY – MM/YYYY / \_\_ times

(5) Planned sales start date: MM/YYYY

(6) Target number of sales: \_\_\_\_ ppl

(7) Difference between the planned updated travel product and the existing travel product
 \*In case you are applying for a visit to update an existing travel product.

**3. Amount Requested: \_\_\_\_\_\_\_\_\_ JPY**

\*50% of the total actual eligible expenses, up to 100,000 JPY.

**4. Bank account
\*** **If the payment method is card payment, please inform us of the details by e-mail.**

Beneficiary’s Name:

 Street Address:

 City:

 State/Province, Country

Account Number of the Beneficiary (IBAN Code, CLABE):

Bank and Branch Name:

Bank and Branch Address:

 City:

 State/Province, Country

SWIFT Code, ABA, No., BSB No.:

\*Required attachments: (1) Visit report (Attachment 1), (2) Breakdown of the actual expenses report (Attachment 2), (3) Copy of receipts

Form No. 4

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　隠ジ機構第〇〇号

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　DD/MM/YYYY

(Name of the Applicant)

　　　　　　　　　　　　 　　　　 Kosei Ikeda
 Board Chairperson

Oki Islands Geopark Management Bureau

Payment Notification

Following a review of the Performance Report submitted on DD/MM/YYYY regarding to the Coverage of Expenses Incurred by On-site Inspections by Travel Agencies Specialising in Foreign Travellers Visiting Japan Subsidy Program, in accordance with Article 7 of the Guidelines, you are notified of the subsidy amount as below.

Subsidy Amount: \_\_\_\_\_\_\_\_\_\_ JPY