

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 2024), 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 in your previous travel products?

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

Name, position	Work responsibilities*

*Work responsibilities include creating FIT tours, planning group tour products, and creating adventure tour products.

(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

*2/3 of the total actual eligible expenses, up to 100,000 JPY.

(Name of the Applicant)

Kosei Ikeda

Board Chairperson

Oki Islands Geopark Management Bureau

Notification of Support Decision

Regarding 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

2. Disbursement Conditions and Notes (other than those stipulated in guidelines)

3. Planned Disbursement Amount: _____ JPY

(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 eligible expenses, up to 100,000 JPY.

4. Bank account

* If the payment method is card payment, please provide us 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

隠シ機構第〇〇号

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 the Coverage of Expenses Incurred by On-site Inspections by Travel Agencies Specializing in foreign travelers visiting the Japan Subsidy Program, following Article 7 of the Guidelines, you are notified of the subsidy amount as below.

Subsidy Amount: _____ JPY