Form No. 6-1

Date:　　/ / 　(YYYY/MM/DD)

Ibaraki Prefectural Tourism and Local Products Association

Chairman: Kazuhiko Oigawa

Company name:

Address:

Company representative:

Phone:　　　　　　　　　　　Fax:

　Email:

Contact person:

**Ibaraki Prefecture Tour Bus Subsidy Programme 2025 Payment Details [Domestic Bank Transfer]**

Regarding this matter, we hereby submit the invoice as detailed below.

1. Application No.
2. Subsidy Amount: ¥

3. Account Name/Details：

|  |  |
| --- | --- |
| Bank Name: |  |
| Branch Name: |  |
| Account Type: | Company Account ・ Ordinary  (Circle the applicable one) |
| Account No |  |
| Account Holder’s Name |  |
| Account Holder Name (in Katakana) |  |

　　　4. Attached Documents：

　Copy of passbook or other evidence showing the above account information.

 　※ Please note that bank transfer and administration fees will be deducted from the final subsidy amount.