Form No. 6-2

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【International Bank Transfer】**

I hereby request payment of the subsidy using the details provided below.

1. Application No.

2. Subsidy Amount: ¥

3.Account Name/Details：※Fill in using English

|  |  |
| --- | --- |
| Bank Name: |  |
| Branch Name: |  |
| Branch Address: |  |
| Account No: |  |
| Bank SWIFT CODE: |  |
| Account Holder’s Name: |  |
| Company Address:  Address registered at the time of opening the account |  |
| ※For China: Name of the province |  |

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.