To: Mr. Yoshihiro Syuto
President
Oriental Life Insurance Cultural Development Center

OLIS 2023 Autumn Support Request Form for Travel Expenses

I, on behalf of our Compan	y/Organization,	understand	the purport	set forth in	the
Travel Expenses Support fo	r Seminar Part	icipants and ı	request he	re to bear fu	ll or
partial travel expenses for			<u>(</u> Name	of applicant	t) to
attend OLIS 2023 Autumn.					
Company/Organization:					
Country:					
Name of Principal Officer:					
Signature:			Date:		
Signer's Email:		@			
■ Applicant's Job Responsi	hilities:				
- Applicant 3 dob recaponal	Dinuos.				
*You may skip this section	if your resume	includes the	details of	your current	job

responsibilities. In that case, just indicate to refer to your resume.

