To: Mr. Tsukasa Yonekura
President
Oriental Life Insurance Cultural Development Center

OLIS 2025 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 Participants and	request here to bear full or
partial travel expenses for _		(Name of applicant) to
attend OLIS 2025 Autumn.		
Company/Organization:		
Country:		
Name of Principal Officer:		
Signature:		Date:
Signer's Email:	@	
■ Applicant's Job Responsi	hilities:	
- Applicant 3 dob recapolis		
*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.

