**Annex 3**

# Kitasato Global Program for Team-based Healthcare Practice 2026
# Form for Providing Necessary Information for International Bank Transfer

As stated in the program information, a partial subsidy for airfare (see details therein) will be transferred to you based on the details provided in this form.

Please ensure all information is accurate and matches the details registered with your bank, as errors may result in delays or failed transactions.

- All entries must be typed **in capital letters (e.g. JOHN SMITH).** Handwritten entries are not accepted.
- **The recipient must be the participant** of this program.

| | |
|---|---|
| Name of Your university | |
| Name of Recipient | |
| Address of Recipient | |
| Account Number<br>IBAN( where applicable) | |
| SWIFT CODE/BIC | |
| Clearing code *<br>(ABA /Routing number etc.) | |
| Name of Bank | |
| Bank Branch | |
| Address of Bank | |

* If you have IBAN code and SWIFT Code/BIC, you do not need a clearing code.

**Important Notes:**

- **Submission Deadline: 1 February 2026** (Please upload a copy of your e-ticket and receipt to BOX by the deadline.)
- **Accuracy of Information:** The University will not be held responsible for any fees or issues arising from incorrect or incomplete information provided by the recipient.
- **Refund Policy:** If you do not participate in the program without a valid reason (such as illness or emergency), you will be required to return the full subsidy amount.
- **Subsidy Amount and Currency:** The subsidy amount is fixed in Japanese yen. Payment will be made in the local currency or in a currency supported by the University's partner bank. Transfer fees will be covered by the University. Please note that the actual amount received may vary due to exchange rates and banking procedures.
- **Currency Availability:** If the local currency is not available, the University will inform the recipient of the currency used for the transfer.