

To KOKEN Co., Ltd.

Agreement for AteloGene® Usage

Your Name (Print):

Association:

Position:

Address:

Tel:

Fax:

E-mail:

Check the boxes below, if you agree about each item.

Regarding AteloGene® Local Use and/or AteloGene® Systemic Use that I obtained from your company hereafter, I agree as follows:

- 1. I shall never use AteloGene® for testing in human beings.
- 2. I shall never use AteloGene® for applying new patents without Koken's written consent.
- 3. I shall not transfer, deliver, sell, assign or let use AteloGene® to the person, or the organization which is beyond the scope of my control and responsibility without prior written consent from Koken.

Signature

Date

FAX: +81-3-3816-3570

Contact us:
KOKEN Co., Ltd.
1-4-14, Koraku, Bunkyo-ku, Tokyo, 112-0004, Japan
Tel: +81-3-3816-3525
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