

To COSMO BIO 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: +81-3-5632-9618

Contact us:
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Tel: +81-3-5632-9617