To : UDAC Consortium

FAX : +81-584-64-3127

UDAC Consortium Application Form

We intend to register our name as a member of the UDAC Consortium.

Note: Only apply if you have read and agree to the Terms and Conditions of Application (see below).

Please write in BLOCK CAPITALS in ink.

Date

Company * This will be added to the list of members on our website.

Mr. / Ms. / ( )

Contact Name

Position

Department

Full mailing Address

Phone Fax

E-mail

Company website English http:// Japanese http:// * This will be added to the list of members on our website.

Year Established Number of Employee

Capital stock

Business Summary

Primary Product or Service

Parent Company Name (if any)

[UDAC0001030401A21]