Form 10

BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION

OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

**REQUEST**

**FOR THE FURNISHING OF SAMPLES OF DEPOSITED MICROORGANISMS**

**pursuant to Rule 11.2(ii)**

TO DIRECTOR GENERAL,

INTERNATIONAL PATENT ORGANISM DEPOSITARY

NATIONAL INSTITUTE OF TECHNOLOGY AND EVALUATION

#120, 2-5-8 Kazusakamatari, Kisarazu-shi, Chiba 292-0818, Japan

The undersigned authorized party hereby requests the furnishing of a sample of the microorganism identified hereunder in accordance with rule 11.2(ii) of the regulations under The Budapest treaty and agrees with the terms and conditions of the "Acknowledgement and Agreement for Furnishing and Use of Samples" attached,

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| I. IDENTIFICATION OF THE MICROORGANISM |
| (Accession number of the deposit:)FERM BP－ |
| II. DECLARATION OF THE DEPOSITOR  |
| The undersigned depositor of the microorganism identified under I above hereby authorizes the furnishing of a sample of the said microorganism to the party specified under IV below.  |
| DEPOSITOR | Name: |  |  |
|  | Address: |  |  |
|  | Registered seal: |  | Date:(yyyy/mm/dd) |  |  |
| III. REQUEST FOR INFORMATION (Make with a cross the application box.) |
| The undersigned authorized party□　requests □　does not requestcommunication of the scientific description and/or proposed taxonomic designation and an indication of the conditions which the international depositary authority employs for the cultivation and storage of the microorganism. |
| IV. BILL TO |
| Name: |  |  |
| Organization: |  |  |
| Address: |  |  |
| e-mail: |  |  |
| V. DESTINATION OF MICROORGANISMS  (Fill in in case microorganism sent to person in charge of handring microorganisms belong to CERTIFIED PARTY) |
|  | Name: |  |  |
|  | Organization: |  |  |
|  | Address: | Zip code: |  |
|  | Phone: |  |  |
|  | e-mail: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| V.CERTIFIED PARTY | Name |  | 　 |
| Organization |  |  |
| Address |  |  |
| Phone |  |  |
| e-mail |  |  |
| Signature |  | Date (yyyy/mm/dd) |  |  |
|  |  |  |
| VI ATTORNEY \* | Name |  | 　 |
| Organization |  |  |
| Address |  |  |
| Phone |  |  |
| e-mail: |  |  |
| Signature |  | Date(yyyy/mm/dd) |  |  |
|  |
| \* A letter of attorney is required to attach if you have someone to act as your agent, and mark with a cross the box below□　a letter of attorney |