

Instructions for Completion:

Organisations requesting a licence must complete Part 1.

Users from that organisation requiring access to the CABLE code repository need to individually complete Part 2.

Individuals can apply for their own licence by completing Part 2 only, provided that they can warrant the use of their Improvements as stated in clause 6.3 of the licence.

Part 1 – Organisation to complete:

Name of Licensee organisation: King Abdullah University of Science and Technology

ABN:

Name of contact: PROF MATTHEW MCCABE
(Title) (First name) (Last name)

E-mail: matthew.mccabe@kaust.edu.sa

Telephone number: +966 544 700 244

Postal Address for notices:

By submitting this signed Form, the Licensee represents that:

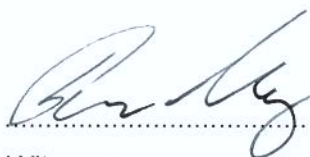
- i) it has read and accepted the current Software Licence Terms for CABLE located at <http://www.cawcr.gov.au/projects/access/cable/index.php> and
- ii) its Permitted Users are those users who have completed Part 2 of this Form and anyone else to whom the Licensee and/or the Licensee contact has granted CABLE access pursuant to the Software Licence Terms.



Signed by an authorised representative
for the Licensee

PROF MATTHEW MCCABE

Name and title



Witness

RASMUS HOUGAARD

Name

11/5/13

Date

Part 2 – User to complete:

Name of user: **Rasmus M Houborg**

Address: **4700 KAUST, Thuwal 23955-6900, Kingdom of Saudi Arabia**

Email: **rasmus.houborg@kaust.edu.saa**

Telephone number: **+966 2 808 2237**

(Please note that the above details may be posted on the **list of CABLE users** page and used by CSIRO in accordance with the [Software Licence Agreement](#).)

NCI login (if you already have a NCI user account):

Please select one of the following:

- (a) ☐ I am requesting an individual CABLE licence
- (b) ☒ I am requesting a User account under my Organisation's CABLE licence

If you have selected (b), please state which Organisation:

☐ Student ☒ Employee ☐ Other (please state)

If you are a student, please provide supervisor contact information (these would not appear in the **list of users** page). Your supervisor's signature is also required to indicate that they approve your registration.

Name of supervisor:

Position in organisation:

Address:

Email:

Telephone number:

Supervisor's signature:

Date:

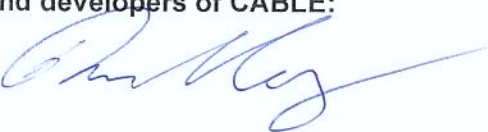
From where or whom did you hear about the CABLE model? **Jason Evans**

Please provide a short description of your intended use of CABLE and anticipated intended research results (including proposed publication time frames, if any).

We are in the process of setting up a system of land-surface models to run over the MENA (Middle East and North Africa) domain for various water and carbon cycle monitoring purposes. The system will rely heavily on satellite products for constraining the model simulations and the ultimate goal is to work towards the assimilation/integration of multiple satellite products simultaneously. We would very much like to include the CABLE model as part of this effort.

Registration Form for using CABLE

I have read and will comply with the [Software Licence Agreement](#) and the Guidelines for users and developers of CABLE:

Signed: 

Date: 14/5-2013

Send the completed registration form via email to cable_help@nf.nci.org.au