Application for Use of LCSF Dataset

To: LCSF dataset Office

Application Date (year-month-date): 2020/11/16

Regarding the use of "LCSF DATASET Office" (DATA), upon understanding the content of the document titled "Handling of LCSF Dataset", I agree to the " LCSF Dataset Terms of Use," the "Terms of LCSF Dataset Service" and the following three items, and hereby apply for the use of DATA.

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(1) LCSF DATATSET Office will use information on the application to judge the qualification. In case the application was not approved, LCSF DATASET and LCSF are not obligated to indicate the reason.

(2) LCSF and LCSF will use information on the application for providing DATA in accordance with the provisions of the "Terms of LCSF Dataset Service".

(3) According the personal information on the application, all research group members shall be notified and agree on the two items above in advance to submission. Those who do not agree cannot use LCSF DATA.

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1. Applicant — must be a legal entity that Principal Investigator belongs to

Name: University, etc.

Address: Country City ZIP code: Street address

2. Principal Investigator — must be a full time researcher responsible for the research using DATA

Name: Family name, First name Title: Professor, etc.

Affiliation: University, etc., Faculty, etc., Department, etc.

Address: Country City ZIP code: Street address

E-mail: username@domainname Phone: +xx-xxx-xxxx-xxxx FAX: +xx-xxx-xxxx-xxxx

Homepage:

3. Contact person — must be a full time researcher who manages DATA

☐ Same as Principal Investigator ☐ Different from Principal Investigator — enter below

Name: Family name, First name Title: Professor, etc.

Affiliation: University, etc., Faculty, etc., Department, etc.

Address: Country City ZIP code: Street address

E-mail: username@domainname Phone: +xx-xxx-xxxx-xxxx FAX:+xx-xxx-xxxx-xxxx

4. Signer — must be a person with the authority to sign agreements on behalf of Applicant; please enter formal information in full as to be printed in Consent Form

Name: Family name, First name Title: Dean of faculty, etc.

5. Research group member — researchers and students (excluding persons of Items 2 and 3) who do research using DATA under the direct supervision of Principal Investigator

Name	E-mail	Title	Affiliation
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,	@		
,	@		
,	@		

*** Research group members are restricted to employees and/or regular students of your organization.

*** If members are undecided or none, please enter "(Undecided)" or "(None)" in the Name column on the first line. Please use the remarks column when there is not enough space.

6. Purpose of using DATA— briefly describe how you use what part of DATA for what purpose

7. Related publications — at least one publication of Principal Investigator, preferably papers related to the "6. Purpose of DATA usage." (author name(s), title, journal name, volume and number, pages, year, etc.)

(1)

(2)

(3)

8. Employees of private companies in your research group

If employees of private companies belong to (or are planned to belong to) your research group (including those who do not use DATA), check "Yes" and enter the company name(s). Note: If the condition changes after DATA is provided, let us know in advance.

☐ No

☐ Yes → Company Name(s):

9. Joint research, etc. with private companies

If your research group has (or is planned to have) close relation with private companies such as doing joint research and accepting large fund, check "Yes" and enter the company name(s). Note: If the condition changes after DATA is provided, let us know in advance.

☐ No

☐ Yes →Company Name(s):

[Remarks] (Enter if special treatment is necessary in procedure of agreement conclusion, etc.)

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