

Commissioned Business Application Form

DD/MM/YYYY

To [Name], Head of Department, Hirosaki University

Applicant Postal code:

Address:

Name (Name; name of representative)

[seal]

I apply for the commissioned business as described below in compliance with the Hirosaki University Commissioned Business Regulations.

Details

| | | | | |
|--|-------------------------------|---|---|---|
| 1. Subject of business | | | | |
| 2. Purpose and description of business | | | | |
| 3. Desired business period | DD/MM/YYYY - DD/MM/YYYY | | | |
| 4. Members involved *: Representatives | Classification | Name | Department / title | Role in this business |
| | Hirosaki University (Party A) | * | | |
| | | | | |
| 5. Business site | Party A | | | |
| 6. Equipment used at the facilities of Party A and equipment of Party B to be brought to Party A | Classification | Name | Specification | Quantity |
| | Party A | | | |
| | | | | |
| | Party B | | | |
| 7. Party B's contribution to the expenses required for commissioned business | Classification | Direct expense | Indirect expense | Total |
| | Party B | yen (Including consumption tax and local consumption tax of yen) | yen (Including consumption tax and local consumption tax of yen) | yen (Including consumption tax and local consumption tax of yen) |

| | |
|----------------------------------|--|
| 8. Term for payment of expenses | Within ○○ days from the day following the day on which the invoice is issued by the treasurer of Hirosaki University |
| 9. Special instructions | |
| 10. Description of main business | Industry: / Capital: approx. ○○ / No. of employees: approx. ○○○ people |
| 11. Contact information (PIC) | Department: / Title: Name: TEL: / E-mail: |

I agree to the disclosure of the name of the applicant, subject of business, name of the representatives, the department they belong to, and their job titles at Hirosaki University outside the University.