

**Students are not allowed to be DEPOSITOR.  
It has to be worker contracted on a permanent basis.**

**“Representative” should be a person authorized to sign on behalf of the institute.**

to the Director General,  
Biological Resource Center,  
National Institute of Technology and Evaluation

We hereby agree to make the deposit under the terms and conditions of the MTA-deposit.  
DEPOSITOR

Contact person	Representative (Exp.: Institute representative)
Name: (First name / Family name)	Name: (First name / Family name)
Signature :	Signature :
Title: (Job Title)	Title: (Job Title)
Organization: (Department / University, Institute etc)	Organization: (Department / University, Institute etc)
Address: (Address / Country)	Address: (Address / Country)
Telephone: 000-0000-00-0000	Telephone: 000-0000-00-0000
E-mail: xxxxxxx@xxxx.xx.xx	E-mail: xxxxxxx@xxxx.xx.xx
Date: (Day) / (Month) / (Year)	Date: (Day) / (Month) / (Year)

**NITE could conclude electric contract. If your institute could respond to electronic signature, please contact to NBRC staff.**

(March, 2018 )

Depositor 's strain No. (strain label)

1.	Abcd-1234	11.		21.	
2.	Abcd-987	12.		22.	
3.	No.0111	13.		23.	
4.		14.		24.	
5.		15.		25.	
6.		16.		26.	
7.		17.		27.	
8.		18.		28.	
9.		19.		29.	
10.		20.		30.	

**Describe strain's IDs for deposit in this box.**