[Translation]

<u>Please submit the application form using a Japanese template. English-language forms will</u> <u>not be accepted. You may write the content in English on the Japanese template.</u>

Corporate name(automatically inserted): 0

Mandatory Requirements Check Sheet

Check the "Mandatory Requirements (i) to (v) of Application Guidelines "4.(2)Evaluation Items" and fill out below.

(i) Investing 1/3 or more of its total investment as a VC in the drug discovery field(*) in the last 5 years;

(If the applicant has a fund specialized in investing in the drug discovery field, or if the applicant is evaluated as capable of providing particularly high-quality support to Pharmaceutical Startups in the evaluation items, the applicant will be considered for reviewing even if the applicant does not satisfy (i))

(*) Definition of the drug discovery field in this program

In addition to the development of pharmaceuticals and regenerative medicine products, this program targets technology development related to pharmaceuticals, such as technology to create seeds for pharmaceuticals and regenerative medicine products (pharmaceutical platform technology). The technologies illustrated below are not covered in this program.

Medical device/medical technology, DTx (therapeutic apps, VR), research reagent development, analysis services, nonclinical testing contract, clinical testing, diagnostic reagent development, AI, etc.

For the mandatory requirement (i), enter a "O" in the applicable field from (i)-a through (i)-c below. If (i)-a is definitely satisfied, there is no need to select (i)-b and (i)-c.

(i)-a Investing 1/3 or more of the total investment amount as a VC in the drug discovery field In the last 5 years
(i)-b You have a fund specialized in investing in the drug discovery field
(i)-c You are capable of providing particularly high-quality support to Pharmaceutical Startups in the evaluation items

(i)-a Investing 1/3 or more of the total investment amount as a VC in the drug discovery field In the last 5 years

It is referenced (automatically entered) from cells E7, E9, and E10 of the sheet "(Attachment_2a) Investment Achievements".

Total amount of investments for the last five years	0	million yen
Total amount of investments in Pharmaceutical Startups	0	million yen
Investment ratio in Pharmaceutical Startups	#DIV/0!	%

(i)-b You have a fund specialized in investing in the drug discovery field

If you have or had a fund specialized in investing in the drug discovery field, please list the name of the fund below. When listing the name of the fund in this column, list the Investment Achievements of the entire corporation in (Attachment_2a) Investment Achievements, and furthermore be sure to list it in (Attachment_2b) Investment Achievements (Specialized Fund) and (Attachment 3a) Fund to be Utilized.

Name of Fund

(i)-c You are capable of providing particularly high-quality support to Pharmaceutical Startups in the evaluation items

If you select (i)-c, please fill in the "Man. Req. c_High Quality Support" sheet.

(ii) The applicant must have a track record of supporting clinical trials conducted by the Pharmaceutical Startup in which it has invested as a Lead VC;

(In the cases of a newly established VC or fund, the requirement (ii) may be subject to review in light of the past performance of the individual (*) to whom the VC belongs.)

(*) Members who make investment decisions or provide expert advice on investment decisions as hands-on members.

For the mandatory requirements (ii), enter a "O" in the applicable field from (ii)-a to (ii)-b below.

(ii)-a You have a track record of supporting clinical trials conducted by the Pharmaceutical Startup in which you have invested as a Lead VC
(ii)-b Since VC or fund is newly established, the requirement (ii) is reviewed in light of the past performance of the individual to whom the VC belongs

(ii)-a You have a track record of supporting clinical trials conducted by the Pharmaceutical Startup in which you have invested as a Lead VC

Please provide the name of Pharmaceutical Startup, if any, the appropriate sheet (Attachment_2a or Attachment_2b) and the number of that sheet (No. in column C).

Sheat	No.	Name of Corporation
Attachment_2a		
Attachment_2b		

(ii)-b Since VC or fund is newly established, the requirement (ii) is reviewed in light of the past performance of the individual to whom the VC belongs

If (ii)-b applies, please enter below the number and name of the (Attachment _5b) Hands-on Members of the applicable person.

No.	Name

(iii) The applicant must have a track record of dispatching directors to the Pharmaceutical Startups in which it has invested as a Lead VC;

(In the case of a newly established VC or fund, the requirement (iii) may be subject to review in light of the past performance of the individual (*) to whom the VC belongs.)

(*) Members who make investment decisions or provide expert advice on investment decisions as hands-on members.

For the mandatory requirements (iii), enter a "O" in the applicable field from (iii)-a to (iii)-b below.

	(iii)-a You have a track record of dispatching directors to the Pharmaceutical Startups you have invested in as a lead VC
	(iii)-b Since VC or fund is newly established, the requirement (iii) is reviewed in light of the past performance of the individual to whom the VC belongs

(iii)-a You have a track record of dispatching directors to the Pharmaceutical Startups you have invested in as a lead VC

Please provide the name of Pharmaceutical Startup, if any, the appropriate sheet (Attachment_2a or Attachment_2b) and the number of that sheet (No. in column C).

Sheat	No.	Name of Corporation
Attachment_2a		
Attachment_2b		

(iii)-b Since VC or fund is newly established, the requirement (iii) is reviewed in light of the past performance of the individual to whom the VC belongs

If (iii)-b applies, please enter below the number and name of the (Attachment _5b) Hands-on Members of the applicable person.

No.	Name

(iv) Members (*) who make investment decisions or provide expert advice on investment decisions as hands-on members have experience in drug development at pharmaceutical companies, etc. (regulatory affairs, BD (business development), development planning, etc.) or have important experience (review by organizations such as PMDA and FDA, etc.) in advancing drug development.

(v) Members (*) who make investment decisions or provide expert advice on investment decisions as hands-on members have experience in global drug development (experience in conducting global clinical trials, experience in providing hands-on support for global clinical trials, etc.).

(*) General partner, partner, etc.

State members who fall under Mandatory Requirements (iv) and (v), together with the numbers of (Attachment_5b)Hands-on Members and enter "O" for Mandatory Requirements (iv)(v).

List of Members

No.	Name	Mandatory Requirements(iv)	Mandatory Requirements(v)			

Man. Req. (i)-c_High Quality Support

Please fill out this sheet if you selected "You are capable of providing particularly high-quality support to Pharmaceutical Startups in the evaluation items (i)-c" on the Mandatory Requirements check sheet.

Please make a list of particularly high-quality support according to the Evaluation Items (management, development or technology, regulatory affairs, others).

In addition, if there are any results from the above support, please state them in the "Achievements" column, and if there are any relevant hands-on members, please write them in the "Applicable Person" column.

Item	Specific Content	Applicable Person
Support		
Ashissanta		
Achievements		
Support		
Achievements		
Support		
Achievements		
Support		
Achievements		
Support		
Achievements		
Support		
Achievements		
	1	

(Attachment_1) Corporation Outline

Ensure that they are error-free as they are used for the address for inquiries and address to which document will be sent.

If the investment function and the commercialization support function are shared with another company that are a wholly owned parent company and a wholly owned subsidiary, or another company that is controlled by the same person based on a service agreement, etc., please make a copy of this sheet for each institution.

	Name		
	Corporation No.		
		Name	
		Title	
		Brief personal history and achievements	State the achievements with a focus on hands-on and the matters in relation to investment decision- making. (If using an existing material as a substitute, state the Item and the reference number of the applicable materials, the existing material name and the reference in "(Attachment_6)Existing Materials List").
	Address		
	Date of establishment		
	Number of employees		
	URL		
	Name		
Administration	Address		
contact details	Telephone number		
	E-mail		

*Delete notes in blue letters in the description column, and use the standard style in black letters for the description.

(Attachment_2a) Investment Achievements

State all investment achievements for the last five years for cases of Pharmaceutical Startup.

State the achievements of the entire corporation, not the achievements of funds or specific divisions.

State the achievements of the entire corporation on this sheet, even if you are filling out the achievements of investments (Attachment_2b) Investment Achievements (Specialized Fund).

Total amou years	years		million yen		State special notes, if any.																						
Number of investment cases for the last five years		cases	Ses State special notes, if any.																								
Of the above, the total amount of investments in Pharmaceutical Startups		0	million yen (automaticall	ly inserted)	State specia	tate special notes, if any.																					
Investment (*1)	Investment ratio in Pharmaceutical Startups (*1)			% (automation calculated)	cally	State specia	State special notes, if any.																				
Investment	t cas	e det	ails: (*1) The cases of Pharr	maceutical Startup (all f	for the last fiv	e years)																					
														he	Country where the headquarters of investee is located		Month and	Amount of	The last appraised value/exit		Target disease, modality, etc.	Developme nt phase upon investment commence ment (*3)	Current	Capitalist who is in charge		under conside	Remarks (State special notes, if any.) *For exellent
State the cases in detail on the right. (Add lines, if	ne n on nt.	No.	. Name of Corporation	Corporation URL (if there is any official website)	Lead (*2)	year of investment MM, YYYY	by applying VC (million yen)	value of shares held by applying VC (million yen)	Name of fund	(Outline of Development Technology)	Developme completed cases (*4) The contents of hands-on support (State the outline present or up completion, air investment amount	investment start to the present or upon completion, and investment amount, etc, at each series.)	for proposa t, l	achivement as a result of hands-on, please describe the details of the support and the results.													
you nee more.)	ea -	1																									
	-																										
		2																									
		3																									
		4																									
	Ę																										

(*1) Mandatory Requirements (i) " Investing 1/3 or more of its total investment as a VC in the drug discovery field in the last 5 years" will be checked in this column.

(*2) If you are investing as a lead that meets the following conditions in one funding round, select Y (maximum investment) or Y (other than investment) from the pull-down list, otherwise select N.

"Lead" refers to the investor which has invested the largest amount among the investors (excluding business companies such as pharmaceutical companies) in this program and plays a leading role in fundraising and hands-on activities.

Please note that even if you are not the largest investor among investors (excluding business companies such as pharmaceutical companies), you may be recognized as a lead.

If applicable, please write in the notes why you are participating as a lead in Remarks.

Also, if there is a change of lead during the investment process, please write the details in Remarks.

(*3) State basic research, applied research, non-clinical trial, phase I of clinical trial, phase II of clinical trial, etc. If not a pipeline of development of drugs, state seed, early, middle, later, etc. State those representatives if there are more than one technology.

Mandatory Requirements (ii) will be checked in this column.

(*4) State the current status such as Exit (IPO or M&A), marketed, development discontinuance.

(*5) Mandatory Requirements (iii) will be checked in this column.

(*6) Enter "O" for the projects under consideration for proposal (It doesn't matter if it's still under consideration.). For the cases for which "O" is entered, fill out (Attachment_4b), too.

(Attachment_2b)Investment Achievements (Specialized Fund)

If you have or had a fund that specialized in investing in the drug discovery field, state all Investment Achievements of this fund.

Total a	Total amount of investments				million yen		State special	tate special notes, if any.								
Total r	Total number of investment cases				cases		State special notes, if any.									
	Of the above, the total amount of investments n Pharmaceutical Startups			0	million yen (automatical	ly inserted)	State special notes, if any.									
Invest (*1)	Investment ratio in Pharmaceutical Startups (*1)			#DIV/0!	% (automatic calculated)	cally	State special notes, if any. For specialized Fund, it must be 100%.									
Details	s of the i	nvest	tment: The cases of Pharma	ceutical Startup												
			Name of Corporation	Country where the headquarters of investee is located		Month and	Amount of investment	The last appraised value/exit		Target disease, modality, etc. (Outline of Development Technology)	Developme nt phase upon investment commence ment (*3)	Current	Capitalist who is in charge	investment start to the present or upon completion, and pro investment amount,	f under conside	special notes, if any.)
cas def the		No.		ation Corporation URL (if there is any official website)	Lead (* 2)	year of investment MMM YYYY	by applying VC (million yen)	value of shares held by applying VC (million yen)	Name of fund		Developme nt phase at the present or upon investment completion (*3)	status of completed cases (*4)	The contents of hands-on support (State the outline concisely. Ensure to state such effect if any director is dispatched.) (*5)		ration for proposa I (*6)	achivement as a result of hands-on, please describe the details of the support and the results.
mo		1												-		
		2														
		2														
		3												1		
		4														
		5														

(*1) Mandatory Requirements (i) will be checked on this sheet, "If you have a fund specialized in investing in the drug discovery field."

(*2) If you are investing as a lead that meets the following conditions in one funding round, select Y (maximum investment) or Y (other than investment) from the pull-down list, otherwise select N.

"Lead" refers to the investor which has invested the largest amount among the investors (excluding business companies such as pharmaceutical companies) in this program and plays a leading role in fundraising and hands-on activities.

Please note that even if you are not the largest investor among investors (excluding business companies such as pharmaceutical companies), you may be recognized as a lead.

If applicable, please write in the notes why you are participating as a lead in Remarks.

Also, if there is a change of lead during the investment process, please write the details in Remarks.

(*3) State basic research, applied research, non-clinical trial, phase I of clinical trial, phase II of clinical trial, phase III of clinical trial, etc. If not a pipeline of development of drugs, state seed, early, middle, later, etc.

State those representatives if there are more than one technology.

Mandatory Requirements (ii) will be checked in this column.

(*4) State the current status such as Exit (IPO or M&A), marketed, development discontinuance.

(*5) Mandatory Requirements (iii) will be checked in this column.

(*6) Enter "O" for the projects under consideration for proposal (It doesn't matter if it's still under consideration.). For the cases for which "O" is entered, fill out (Attachment 4b), too.

(Attachment_3a) Fund to be Utilized

Fund name(automatically inserted): 0

Make a statement by case with regard to those whose investment period is not completed out of the funds which may be utilized in this Program during the registration period, and all those stated in (Attachment_2a) and (Attachment_2b). If there is more than one applicable fund, make a statement by fund by copying this sheet.

Even if the fund is before establishment, with regard to those whose design is progressed up to the extent at which a statement in this form may be made, provide information by using this form (For parts not decided, state such effect). Mandatory Requirements (i) will also be checked on this sheet, "If you have a fund specialized in investing in the drug discovery field."

[Notes]

*The applicant is required to invest in the cases pertaining to this Program supported by the applicant from the fund stated here during the period of activities as a Registered VC.

*If it becomes necessary to invest in the case pertaining to this Program from the fund not stated here, the application with the effect needs to be made and such application may need to be reviewed.

Fund name								
Fund size								
Target inv	estment area							
Fund period			Period	Remarks				
	Month and year of commencement		State the month and year.					
		Month and year of completion/period	State the month and year/period (year). If it is possible to extend under certain conditions, state it in this column along with the conditions.					
		Investment period	State the period (in years) from the start to the end of the investment.					
Fund objective			State the target business area, stage and other notable characteristics of the fund. In case of "Fund specialized in investing in the drug discovery field," state outline in this column.					
Funds			Amount (million yen)	Remarks				
		Total						
		Of the above, the cases of Pharmaceutical Startup						
	Investment capacity(amou nt)	Total						
Investmen	t index			Remarks(Calculation method, enterprise value or other) *The method, etc. the applicant normally use may be used.				
		IRR (Internal Rate of Return)						
	Index	DPI (Distributed to Paid in)						
		RVPI (Residual value to Paid in)						
	Investment man	agement period						
LP list			Order Name	Ratio(%)	Remarks	URL		
		of top 10 LPs out of LPs constituting	1					
		more, state the respective investment	2					
	amount ratio to	he whole (%).	3					
			4					
			5					
			6					
			7					
			8					
			9					
			10					
Overseas LP list			Name	Amount (million yen)	Headquarters country/region	URL		
		les overseas LP, make statements for	1					
	all of them. (Add	l lines, if you need more.)	2					
			3					

(Attachment_3a) Fund to be Utilized

Fund name(automatically inserted): 0

		4			
		5			
Members who make investment decisions	State	te the members who make investment decisions in	this fund with the	number in (Attachment	5b).
Other					
 (1) State the status from the fund establishment to the present. State other special notes, if any. (E.g.) The amount collected at the first closing, the time of commencement of investment, the time at which the target amount is achieved and fundraising completely closed, the period during which investmer can be made since then (for how more years investment can be made), how many years of period extension is permitted, etc. (2) In case of "Fund specialized in investing in the drug discovery field," state the structure (organization or team) that will manage the fund. 	S t				

(Attachment_3b) Fund Establishment Plan

During the Registration Period, if there is any plan of establishing any fund in the future, state them here. If the fund to be established is "Fund specialized in investing in the drug discovery field," state so.

E.g.1: Current No.1 fund's successor No.2 fund is being planned for the establishment in 202X.
 Planned investment is with the fund size of [] million yen and focused on enterprises having technologies in xxx area at [] stage.

2 E.g.2: There is no specific plan at the present. But our company has a plan to establish a fund every x years.

(Attachment_4a) Sourcing Activities

State your company's sourcing activities below.

Introduction of outline of sourcing activities	Introduce your company's sourcing activities with a focus on your company's characteristics. Clearly state those which are specialized in the drug discovery field, if any. (including Entrepreneur in Residence, human resources development program, wet lab, office leasing, etc.)
Focused disease, modality, etc.	State a disease, modality, development phase, etc. of the drug discovery field sourcing for which your company is focused on, if any.
Points your company regards as important	State points your company regards as important in terms of sourcing in a Pharmaceutical Startup in non-clinical to phase II of clinical trials.
Other	State any achievements or unique initiatives in the drug discovery field that demonstrate your company's due diligence capabilities.

(Attachment_4b) Projects under consideration for proposal

State projects under consideration for proposal by your company.

(If there is any circumstance in which a company name cannot be stated, the name of a Pharmaceutical Startup may be anonymous (business operator, etc.).) Ensure to state cases for which "O" is entered in "Projects under consideration for proposal" of (Attachment_2a) and (Attachment_2b).

projects					
Name	e of Pharmaceutical Startup	Disease Area	(Outline of Development		Review status* (investment amount, etc.)
1		Infection			
2		Others			
3					
	1	Name of Pharmaceutical Startup	Name of Pharmaceutical Startup Disease Area 1 Infection 2 Others	Name of Pharmaceutical Startup Disease Area Disease, modality*, etc. (Outline of Development Technology) 1 Infection 2 Others	Name of Pharmaceutical Startup Disease Area Disease, modality*, etc. (Outline of Development Technology) Current development phase 1 Infection Infection Infection 2 Others Infection Infection 3 Infection Infection Infection

*State the pipeline under consideration.

*Describe the status of investment under internal review, or the conditions to be imposed on a business operator.

*State possibility of a utilization of a new fund, if any.

(Attachment_5a) Hands-on activities

(i)Hands-on Activities

State your company's hands-on activities below.

	Introduce your company's hands-on activities with a focus on your company's characteristics. If you are engaged in activities that contribute to the globalization of Pharmaceutical Startup, state these activities as well.
Support from management perspective	State the support your company provides in terms of management. E.g.: Business planning (global business strategy, capital policy, financing and operation plan, exit strategy (especially M&A)), internal management, progress management, public relations and external communication, human resource support, introduction of pharmaceutical companies, etc. and other sales channels.
Support from perspective on development and technology	State the support your company provides in terms of development and technology. E.g.; POC acquisition, resolution of technical issues (formulation, mass production, etc.), securing competitive advantage (intellectual property strategy, differentiation strategy, etc.), CMO/CDMO and CRO cooperation, etc.
Support from regulatory affairs perspective	State the support your company provides in terms of regulatory affairs. E.g.; FDA/PMDA compliance, GCP compliance, GMP compliance, etc.
	State the points your company especially expects from a business operator and regard as important to aim for exit upon growth of a business operator onto the next stage, and the measures how your company will support that including follow-on investment and fundraising. Furthermore, state the points your company regards as important in judging whether to continue support.

(ii) Number of Hands-on Members pertaining to this Program

Among the hands-on members belonging to your company, state the number of hands-on members who are in charge of Pharmaceutical Startup that may be proposed to this program during the Registration Period.

"n" persons

(Attachment_5b) Hands-on Members

Make a statement with regard to Hands-on Members who may take charge of a Pharmaceutical Startup applying for this Program in the sheet below. If more than one member may take charge, make a statement by person by copying this sheet. [Notes]

*The applicant is required to appoint the members stated in (Attachment_5b) as main Hands-on Members in the cases pertaining to this Program supported by the applicant during the period of activities as a Registered VC.

*If it becomes necessary that the members not in the list take charge of the case pertaining to this Program, the application with the effect needs to be made and such application may need to be reviewed.

No.		If stating more than one member, put sequential numbers from 1. Let them agree with the numbers of "List of	Members" of				
		Mandatory Requirements Check Sheet.					
Name and title							
Professional experie	ence (*1)	(Free text) Work experience at VCs, work experience at pharmaceutical companies, work experience at overseas companies, etc. (If using an existing material as a substitute, state this Item and the reference number of the applicable materials, the existing material name and the reference in "(Attachment_6)Existing Materials List").					
Base of operations	Address and site name						
	Telephone number						
	e-mail						
Decision-making of	investment	If he/she is also a member who makes an investment decision, "O"					
Hands-on number of he/she is in charge	of cases of which	Number of all cases	"n" cases				
Employment Status	and Effort	State your method of involvement in VC using employment type (full-time/part-time, effort, etc.).					
Members' past achi future support policy		Mandatory Requirements (ii): If you have a track record of supporting clinical trials conducted by the pharmac startup in which you have invested, please state it.	eutical				
		Mandatory Requirements (iv): If you have experience in drug development at a pharmaceutical companies, e affairs, BD (business development), development planning, etc.), or important experience in advancing drug (review by organizations such as PMDA, FDA, etc.) If so, please state it.					
		Mandatory Requirements: (v) If you have experience in global drug development (experience in conducting g trials, experience in providing hands-on support for global clinical trials, etc.), please state it.	obal clinical				
		Achievements other than Mandatory Requirements					
		 (Free text) Make a statement about each member in the perspectives below. (E.g.) Past achievement in support of commercialization as a individual 					
		- State hands-on achievements to Pharmaceutical Startup, if any.					
		 State representative exit achievements, etc., if any, together with the contents of support implemented. State customer introduction or other achievements, if any. 					
		- Ideas and policies about Entrepreneurial support - Area of expertise , etc.					
		(If using an existing material as a substitute, state this Item and the reference number of the applicable mater existing material name and the reference in "(Attachment_6)Existing Materials List.")	ials, the				
		(v) will be checked in this column					

(*1) Mandatory Requirements (iv) and (v) will be checked in this column.

If the VC or fund is newly established, mandatory requirements (ii) through (v) will be reviewed based on the individual's past performance.

(Attachment_6) Existing Materials List

Prepare the list of reference existing materials.

"Existing Material 1,2" must be attached. Attach other reference existing materials as necessary for "Existing Material 3 and Subsequent Numbers." State the Reference No. for existing materials attached.

Reference No.	Existing Material Name	Reference (page number, line number, etc.), supplement, etc.
Existing material 1	Articles of Incorporation	
Existing material 2	Fund prospectus, or investment product overview	
Existing material 3		(description example) - Application, page 5, line 10 to 13: (supplementary explanation) - Application Attachment, page10, line 20: (supplementary explanation)

(Attachment_7) Information for publish

If registered as a result of the review, the following information will be published on AMED's website as a list.

The filled out contents or a part thereof may be posted as it is on the website simultaneously after conclusion of the Registration Agreement.

Registered VC institution name	Contact details	Contact person	Administration policy, message, etc.			
	ooo@xxx.co.jp or the URL, etc. of the contact form		State matters your company wishes to communicate to Pharmaceutical Startup which are reviewing an application, such as business outline, hands-on which may be provided, target investment theme, URL, etc. (about 400 characters in case of Japanese). Finally, please provide the URL of your company's website.			