

## Application for and Compliance of Use of Language Resource Form

To the Chairman, Mr. Hasida, Koiti, of the Non-Profit Organization Gengo-Shigen-Kyohkai ("GSK"),

I, on behalf of myself or other party for whom I represent, wish to apply for use of the Grammatical Error Correction Test Set Annotated with Correction Difficulty.

In addition, in order to use the above specified language resource, I agree to comply with the list of conditions below in their entirety. In the event that any of the below conditions are violated and damages are incurred by GSK, the language resource provider, its developers, or other parties, I accept full liability for all reparations.

### Conditions of Use:

1. I will only use the received resource for educational and research purposes.
2. I will not engage in such activities as selling, lending, publishing, or distributing to third parties any received language resource in part or in full.
3. In the event that I present results or research pertaining to knowledge gained from use of received language resource, I will make clear the name of any language resource and the language providers from whom I received them.
4. In the above case, I will submit an excerpt from published work should GSK request it.
5. When I have finished use of a received resource, I will either return it to GSK or destroy it within a month. These conditions apply to any copies of the resource as well.
6. **Immunity from Responsibility:** GSK, the language resource provider, and its developers admit no responsibility for any direct or indirect loss or damage that may occur as a result of storage media or machines concerning the content of any received language resource, or through its use.
7. **Compliance:** By using received language resource, I agree to act in compliance with related regulations pertaining to foreign currency exchange, foreign trade control laws, exportation of technology, etc., in Japan, America, and all related nations concerning use of received language resource.
8. I also agree in full to the below special instructions.

### Special Instructions for Grammatical Error Correction Test Set Annotated with Correction Difficulty :

1. Agree to the report of the name of the recipient of this language resource (in the case of a group the group name or name of the representative for use), department, contact information, etc. to the language resource provider.
2. Agree to immediately report the information on the publication regarding Condition on Use 3., including the name of the author(s), the title of the publication, and the title of the book, to GSK by E-mail.

|  |                                    |
|--|------------------------------------|
| Date:     /     /  | Usage type(※1): Individual / Group |
| Usage purpose:   |                                    |
| Membership type(※1):<br>Individual member / Organization member /<br>Non-member  | Membership number:                 |
| Price category (corresponding to above membership type and use type):<br>(Individual, Individual member) / (Individual, Non-member) /<br>(Group, Group member) / (Group, Non-member) |                                    |
| (In case of individual)  |                                    |
| Name:  |                                    |
| E-mail :   | TEL:                               |
| Address (office / home):   |                                    |
| Organization:  |                                    |
| (In case of group)   |                                    |
| Group's name:  |                                    |
| Address:   |                                    |
| Contact person:  |                                    |
| Representative of the group (name and post) (※2):  |                                    |
| E-mail :   | TEL:                               |

Please make a copy of this application and compliance form for your own reference.

※ 1 Explanations of usage and membership types can found on our website at:

<https://www.gsk.or.jp/en/catalog/explanation>

Group is not necessary to be a corporation. We may ask you to clarify your type of group.

※2 Please enter the individual who will bear responsibility for the group using the resources in the group representative field. (e.g. department: department head, research lab: general manager, etc.)

※3 If you require the invoice to be sent to, or made out to anything other than as indicated above (for groups, the group name, for individuals, the individual's name and corresponding addresses), please indicate so in the space below.

If you have any other requests, please write them in the space provided below.

|                                 |
|---------------------------------|
| <Space for correspondence (※3)> |
|---------------------------------|