

Profile of Applicant Company

All dates in this document should be written in Western calendar. Amounts should be rounded down to the nearest indicated unit. Percentages should be rounded off to the first decimal place.

1. Company Profile

①	Name of Applicant Company		
②	Registration Number	Director-General of the _____ Local Financial Bureau (<i>Kinsho</i>) No. (Registered on [Month] [Day], [Year])	If unregistered: • Formal Application (Kanto, dated [Month] [Day]) • Preliminary consultation is in progress.
③	Business Category, etc.	Type 1 / Type 2 / Investment Advisory and Agency Business / Investment Management Business Electronic Public Offering Services / Electronic-based Application Type Electronic Public Offering Services Act of Management of Specified Securities, etc.	
④	Location		
⑤	Date of Incorporation	[Month] [Day], [Year]	
⑥	Website URL	https://	
⑦	History	[Month], [Year] [Month], [Year] [Month], [Year]	Please describe briefly. Please be sure to enter the year and month of registration for the Real Estate Brokerage and the Money Lending Business.
⑧	Title and name of company representative	Chairman and Representative Director President and Representative Director	Please list all officers who have the authority of representation.
⑨	Businesses engaged in	• Real Estate Brokerage • • • Others	• Real Estate Brokerage: Tokyo () • Permission on Specified Joint Real Estate Venture No. ____ (No. 1 and No. 2 business)

Please enter the registration/permission number of the Real Estate Brokerage, Money Lending Business, Specified Joint Real Estate Venture, and general real estate investment advisory business.

Please describe all the details of Type II Financial Instruments Business stipulated in the statement of business methods (e.g., purchase and sale, intermediation and agency of purchase and sale, and handling of private placement of beneficiary interest in real property trust

(a) Details of Specific Financial Instruments and scheme outline

e.g. Handling of private placement of foreign PE funds

Purchase and sale, intermediation of purchase and sale, and handling of private placements of beneficiary interest in real property trust

(b) Customer base

e.g., Professional Investors only

(c) Past handling of Type II Financial Instruments Business

e.g., None

(d) Plans for future sales and solicitation of funds

Fund name	Fund No.	
	Silent Partnership	
Type	fund	
Investment Target	business	
Amount offered	JPY	Million
Total assets under management	JPY	Million
Time of Composition	[Month], [Year]	
Operator	Limited Liability Company	
Period of Operation		year
Assumed investment yield	Approx.	%

Please enter only in the case of a fund.

⑩ Type II Financial Instruments Business (Financial Instruments) handled or to be handled

⑩

⑪

Listed or unlisted

•Listed •Unlisted

e.g., TSE Prime (Please state the securities code.)

⑫

Financial Instruments Firms Association, etc. to which you are a member

- Japan Securities Dealers Association (planned)
- Financial Futures Association of Japan
- The Investment Trusts Association, Japan
- The Investment Advisers Association, Japan
- Japan Security Token Offering Association
- Japan Virtual and Crypto assets Exchange Association
- FINMAC

If you are planning to join, please indicate: "planned"

⑬

Status of officers (Number of part-time officers among them)

Number of officers _____ (Number of part-time officers: _____)

See 5 below.

⑭

Number of full-time officers and employees (Number of officers and employees engaged in Type II Financial Instruments Business among them)

_____ (_____)
 Business Execution System (Type II Business)
 (The following is an example of a fund business department that is a Type II business department)
 • Fund Business Department: _____
 • Compliance Department: _____
 • Risk Management Department: _____
 • Internal Audit Department: _____

In principle, the number of officers and employees engaged in the Type II Financial Instruments Business and the total number of personnel in the business execution system (Type II Business) should be the same. If there is a discrepancy, please explain the reason in the remarks column. (e.g., the representative director oversees the entire Type II Business, etc.)

<p>⑮</p>	<p>Regular Member Representative</p>	<p>Regular Member Representative President and Representative Director</p>	<p>* (optional) Regular Member Representative's deputy: Title: Name</p>
<p>See Article 14 of the "Articles of Incorporation" and Article 2 of the "Rules Concerning Enforcement of the Articles of Incorporation." Regular Member Representative: A person who represents your company in respect of the businesses of the Association (one person, an officer who holds registered representative authority or a person holding the authority equivalent to that of such officer). Regular Member Representative's deputy: Appointment is optional (one person, a registered officer or a person holding the authority equivalent to that of such officer). If you wish to appoint a deputy, please submit a notification of appointment in Form 1 after becoming a member.</p>			
<p>⑯</p>	<p>Please note that due to the nature of the duties, we do not allow a person to serve concurrently as Type II Business Internal Control (Supervisory) Manager and Type II Business Business Manager.</p> <p>Plans for the appointment and placement of Type II Business Internal Control Supervisory Manager, etc.</p> <p>Name</p>	<p>Type II Business Internal Control Supervisory Manager e.g., Managing Director Title: Name:</p> <p>Type II Business Internal Control Manager e.g., Administrative Manager Title: Name:</p> <p>Type II Business Business Manager e.g., Sales Manager Title: Name:</p>	<p>A registered officer who is in charge of internal control pertaining to Self-Offering and Other Transactions, etc. (with exceptions)</p> <p>At least one individual, who is an officer or an employee with sufficient knowledge and experience regarding Laws and Regulations, etc., in each of the positions in accordance with the actual state of affairs of the business activities pertaining to the relevant Self-Offering and Other Transactions, etc.</p>
<p>See "Rules Concerning Type II Business Internal Control Supervisory Manager, etc."</p>			
<p>⑰</p>	<p>Employees specified by Cabinet Order (Only for those engaged in Type II Financial Instruments Business)</p>	<p>Title: Name:</p>	<p>See <u>6</u> below.</p>
<p>⑱</p>	<p>Preferred date of admission</p>	<p>[Month], [Year] (Planned date of commencement of Type II Business)</p>	

• In the “last period” column, please enter the figures for the accounting period immediately preceding the application for admission.
 • In the “reference period” column, please enter the amount based on the monthly financial results available at the time of the application for the business year beginning on the day after the end of the immediately preceding period (i.e. the current period).

2. Financial Information

(Millions of yen)

	The period before the last period (From: [Month] [Year] To: [Month] [Year])	Last period (From: [Month] [Year] To: [Month] [Year])	Reference period (From: [Month] [Year] To: [Month] [Year])	Remarks
Sales	[Breakdown]	[Breakdown]	[Breakdown]	Please describe the breakdown in detail. Regarding consulting services, please describe the specific content of the consulting, such as real estate securitization, business restructuring, and fundraising support.
Operating income				
Ordinary income				
Net income				
Total assets				
Total liabilities				
Total net assets (Stated Capital)	()	()	()	Stated Capital as of the date of application ()
Whether or not accounting audits are conducted	Yes · No			If yes, name of the audit firm ()

If the number of companies is large, list only those companies with which you have important capital, personal, or business relationships, and enter the number of other companies as “other companies [number]”. (You will be asked to submit the status of the persons in specified relationships later.)

3. List of Parent Corporations, etc. or Subsidiary Corporations, etc.

Company Name / Incorporation	Stated Capital	Location	Type of Business	Capital ties (Investment Ratio)	Personal Relations	Business Relationship	Name of Representative
A Corporation (Incorporated in [Month] [Year])	JPY Thousand	Tokyo		Ownership percentage %	Concurrent Officers [number]	Borrowing of funds	

If there is no major shareholder, please list the largest shareholder.

4-1. Status of Major Shareholders (as provided for in Article 29-4, Paragraph 1 of the FIEA) or

Largest Shareholder

Shareholder Name	Address or Location	Voting rights ratio	Industry, occupation, etc.
B Corporation		80%	Holding company and investment business
In total ([number])	-	100.0%	-

4-2. Substantial Controller

*Substantial Controller means a person specified by an ordinance of the competent ministry provided for in Article 4, Paragraph 1, Item 4 of the Act for Prevention of Transfer of Criminal Proceeds and Article 12, Paragraph 3, Item 3 of the Order for Enforcement of the Act for Prevention of Transfer of Criminal Proceeds.

Name	Address or Location of head office or principal office	Date of Birth (For individuals only)	Relationships	Industry, occupation, etc.
		[Month] [Day], [Year]	e.g., Indirectly holding 30% of voting rights	Officer of a company (investment business)

Please list the officers supervising (i) the business division, (ii) the control division (compliance division, risk management division, etc.), and (iii) the internal audit division (the three lines of defense) in charge of operations related to Type II Business under the business execution system of each company. Please be noted that after admission to the Association, any changes to the officers in charge of Type II Business must be reported on each change.

As "Regular Member Representative" is "a person who represents the relevant Regular Member or Electronic Public Offering Member in respect of the businesses of the Association (Article 14, Paragraph 1 of the Articles of Incorporation)," it is assumed that the Regular Member Representative is an officer in charge of Type II Business.

5. Status of Officers

① **Officers in charge of Type II Financial Instruments Business**

Title (Full-time or part-time)	Name (Age)	Career, concurrent occupation
President and Representative Director (Full-time)	Name: Age:	[Month] [Year] C Corporation, Deputy General Manager of Sales Department [Month] [Year] D Corporation, General Manager of Sales Department [Month] [Year] Corporation (we), Director and Representative Director [Month] [Year] Corporation (we), President and Representative Director (Concurrent occupation) [Month] [Year] Corporation, Director
Director and General Manager of Sales Department (Full-time)	Name: Age:	[Month] [Year] X Corporation, Deputy General Manager of Sales Department [Month] [Year] Corporation (we), Director and General Manager of Sales Department (Concurrent occupation) [Month] [Year] Corporation, Director
Director and General Manager of Legal Department (Full-time)	Name: Age:	[Month] [Year] X Corporation, Deputy General Manager of Legal Department [Month] [Year] Y Corporation, General Manager of Legal Department [Month] [Year] Corporation (we), Director and General Manager of Legal Department (Concurrent occupation) [Month] [Year] Corporation, Director

② Officers other than ① above

Title (Full-time or part-time)	Name (Age)	Career, concurrent occupations, etc.
Chairman and Representative Director (Part-time)	Name: Age:	[Month] [Year] X Corporation, Deputy General Manager of Sales Department [Month] [Year] Y Corporation, General Manager of Sales Department [Month] [Year] Corporation (we), Director and General Manager of Sales Department [Month] [Year] Corporation (we), Chairman and Representative Director (Concurrent occupation) [Month] [Year] Corporation, Director
Company Auditor (Full-time)	Name: Age:	[Month] [Year] X Corporation, Deputy General Manager of Sales Department [Month] [Year] Y Corporation, General Manager of Sales Department [Month] [Year] Corporation (we), Director and General Manager of Sales Department [Month] [Year] Corporation (we), Company Auditor (Concurrent occupation) [Month] [Year] X Corporation, Company Auditor [Month] [Year] Y Corporation, Company Auditor

6. Important employees

Title	Name	Main career, previous occupation, and concurrent occupations, etc.
Manager of Compliance Department	Name: Age:	[Month] [Year] X Corporation, Legal Department [Month] [Year] Y Corporation, Legal Department [Month] [Year] Corporation (we), Manager of Compliance Department

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