Ver. 1.0 | Ver. 2025 / 7 / 26

Global Development Token（GDT）

Crypto-Asset White Paper

GLOBAL
Development Token

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Vision & Mission

Vision

"Curing the Incurable,
Inspiring Global Innovation"

Mission

SDG 3: Scientific Proof of a Diabetes Cure

Using 5-ALA, HDAC inhibitors, and biomarkers, we aim to achieve a diabetes cure and expand from clinical trials in Palau to regulatory approvals in Japan, the UAE, and the U.S.

SDG 8 & 11: Co-creative Local Development

Clinical trials and medical tourism generate jobs and revenue, which are reinvested into resilient, sustainable communities that preserve culture and nature.

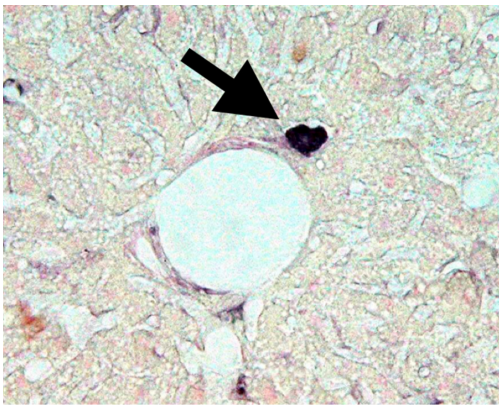
SDG 9: Side-effect Free Treatment

Biozipcode™ technology enables side-effect-free drug delivery for diabetes, cancer, and regenerative medicine, forming global innovation clusters across Japan, the U.S., and the UAE.

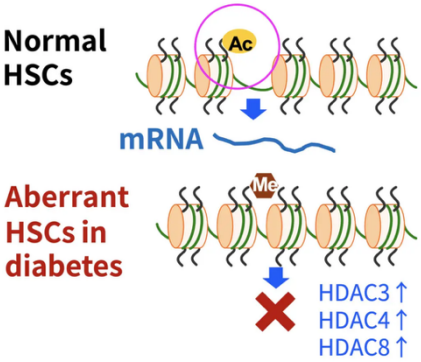
SDG 17: Transparent Global Partnerships

Companies, universities, hospitals, investors, and policymakers collaborate across countries. Funds and project data are shared transparently via blockchain.

Technology
(Complete remission of diabetes)



Discovery of Diabetes Stem Cells



Abnormally high expression of HDAC has been observed in diabetic stem cells.

The True Cause of Diabetes:
Abnormal Bone Marrow Stem Cells

When blood sugar stays high for a long time, bone marrow stem cells develop a "harmful memory" and become **Diabetes Stem Cells (DSCs)**, which slowly damage nerves, kidneys, and other organs. This has been identified as a root cause of diabetes and its complications.

Resetting the Cause Means Reversing Diabetes

A short course of HDAC inhibitors combined with insulin can eliminate these abnormal cells. In mouse studies, blood sugar stayed normal even after treatment stopped—proving complete remission.

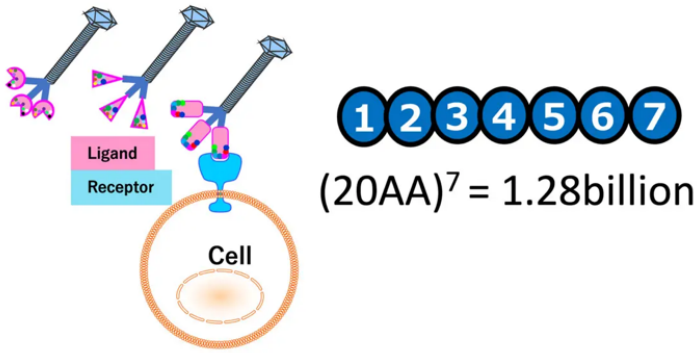
Proven in Human Trials

Our Phase IIa human trial has already shown significant improvement in diabetes. The next step is to demonstrate full remission through further clinical trials.

Goodbye Diabetes

By proving this mechanism in humans, we aim to **shift diabetes from a "managed condition" to a "curable disease."** Combining the curative therapy with Biozipcode™—a delivery system that targets only the affected cells—enables safer, side-effect-free treatment to reach patients around the world.

Technology (Biozipcode™)



Biozipcode™: Delivering Drugs Only to Target Cells

Technology to Minimize Side Effects.

Biozipcode™ is **a new technology that uses 20 amino acids to generate a 7-digit code—like a zip code for cells—**and attaches it to drugs. With approximately 1.3 billion possible combinations, this system enables precise delivery of drugs to specific target cells, such as cancer cells or abnormal cells involved in diabetes.

Medicine Reaches Only Target Cells.

Just like a drone delivers packages to a set location, **Biozipcode™** is a novel delivery system that transports drugs directly to target cells. This allows for direct action where it’s needed, reducing side effects and ensuring strong efficacy even at low doses. **A next-generation delivery revolution is becoming reality.**

Utility as a Payment Token

1. Diabetes Cure Tour〈Priority for Investors〉

The high-end medical tour aimed at complete remission through mid- to long-term stays is an exclusive utility for investors. Priority access to consultations with specialist physicians is included. 20% of the tokens used for payment will be burned, reducing the total supply.

2. Payment Method for Medical Tourism

GDT can be used for all payments related to medical tourism services in the UAE, Palau, and Japan. As the medical tourism market continues to grow, GDT meets the payment needs of international patients.

3. Purchase of 5-ALA Products and Supplements

GDT can be used to purchase 5-ALA formulations and supplements. This utility supports patient safety and continued use during and after treatment.

4. Online Diagnosis by Specialist Physicians

Remote consultation services based on diabetic stem cell test results are available through GDT. Participants in research can also receive rewards in GDT tokens.

5. Payment for Diabetic Stem Cell Biomarker Testing

GDT can be used to pay for biomarker testing that identifies abnormal stem cells (DSCs). These tests are essential for early detection and treatment selection, providing strong, stable demand for the token.

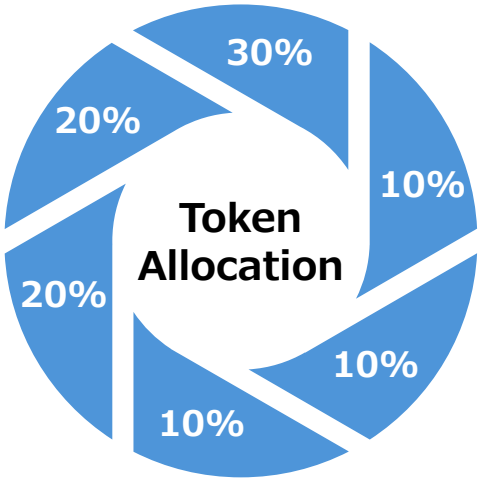
Token Allocation Chart

Early Investors & Private Sale

Immediate funding for clinical trials and facility development

Public Sale

Community expansion and liquidity provision



Team & Advisors

Rewards for long-term commitment

Rewards & Ecosystem Incentives

Staking and data contribution incentives

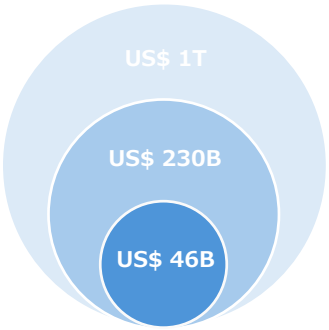
Liquidity Pool and Others

DEX/CEX pair supply and reserve funds

SDGs & Public Interest Fund

Support for applying Biozipcode™ technology and patents to SDG initiatives and partner countries

Market Size



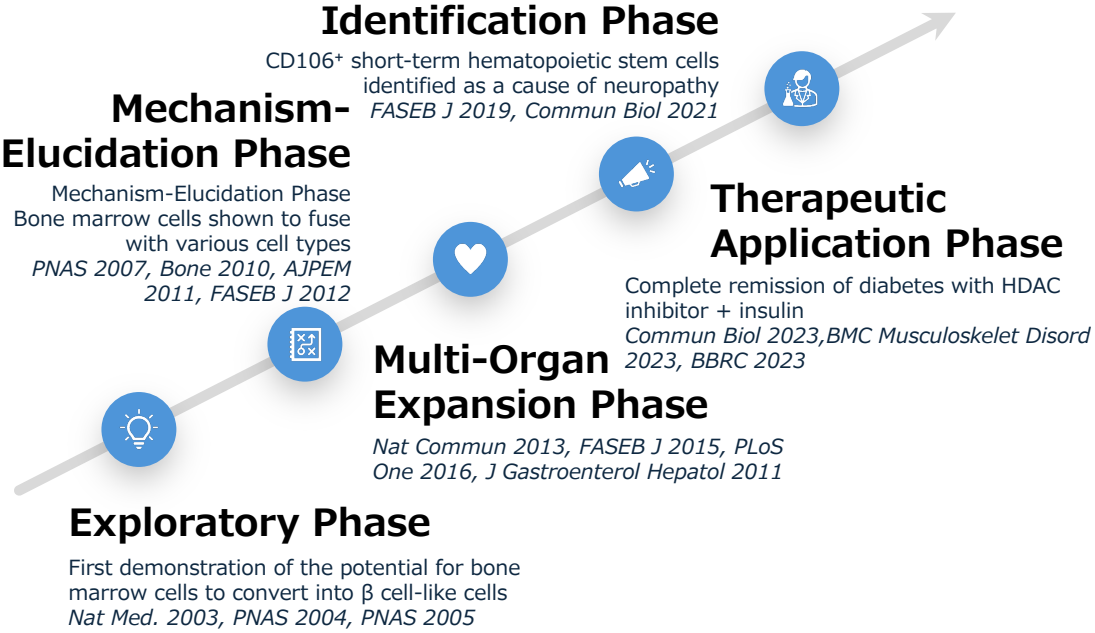
TAM — **Global Diabetes-Related Expenditures**
Replacement with Curative Drug + Biomarker

SAM — **Drugs & Diagnostics for High-Income Countries and Medical Tourism Regions**
FDA approval in developed countries / Tourism hubs

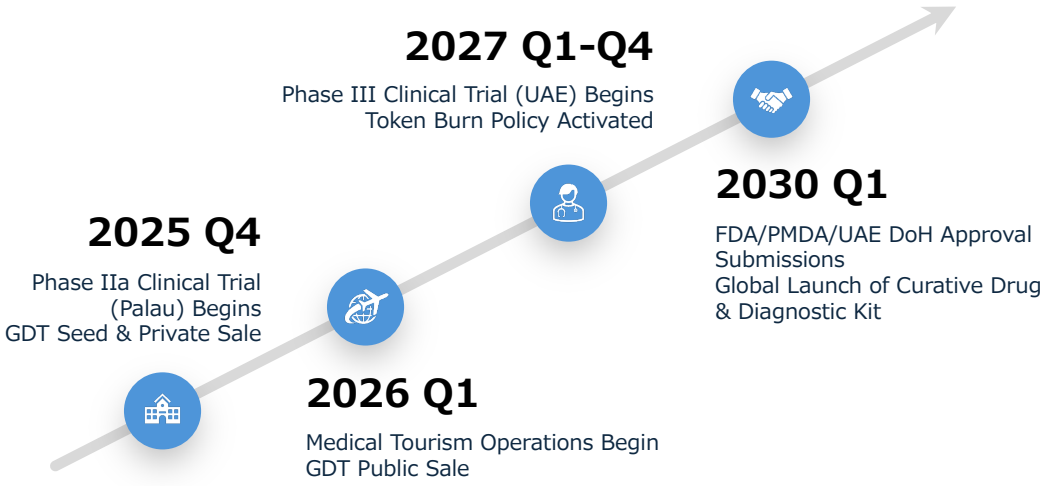
SOM — **Projected Market Share in First 5 Years**
Initial launch in UAE → followed by Japan / USA rollout

Roadmap

Achievements (2000–2024)



Future Roadmap (2025 and Beyond)



Token Demand & Supply

Demand (Use Cases)

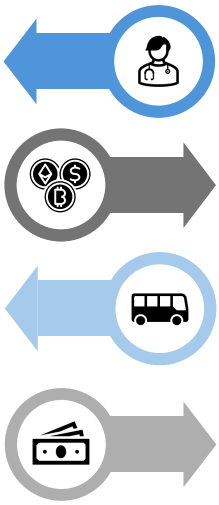
Diabetes Cure

Medical services for curing diabetes and related products like diagnostic kits

Service

Services that accept GDT tokens as payment (e.g., medical tours, doctor appointments)

Supply (Token Distribution)



GDT Token

GDT tokens will be issued through an ICO and listed on exchanges

Fiat Money

Services can also be paid in cash, but 20% of the equivalent amount in GDT will be burned

Token Reward

- **Use for payments in medical tours and related services**
- **Participation in clinical trials or diabetes-related activities**
- **Data contribution incentives**

Participants may receive rewards for joining diabetes-related events, using 5-ALA supplements purchased with GDT, and sharing monitoring data or feedback.

Chapter 0 Key Information Summary

1. Project Overview

Objective:

This project aims to scientifically prove a complete cure for diabetes by combining HDAC inhibitors targeting diabetes stem cells with a novel biomarker. Starting from the GCC region, the initiative seeks global expansion. By integrating treatment, diagnosis, and medical tourism, the project aims to build a sustainable medical ecosystem that contributes to the achievement of SDGs (Goals 3, 9, and 17). The **Global Development Token (GDT)** is a utility token that supports the social implementation and real-world application of these research outcomes.

What Are Diabetes Stem Cells?

— A Key to Reversing the "Incurable Disease"

In the human body, stem cells in the bone marrow continuously produce new blood cells and repair damaged tissues. However, prolonged high blood sugar levels (diabetes) can cause some of these stem cells to develop "harmful traits." These altered cells circulate through the body and gradually impair organs such as nerves and kidneys. The research team at Biozipcode, Inc. refers to **these dysfunctional cells as diabetes stem cells.**

Recent animal studies have shown that when a drug (HDAC inhibitor) that specifically targets these stem cells is administered together with insulin for a short period, **the harmful traits are reset**. Even after stopping the treatment, blood sugar levels remained normal — **indicating a sustained "cured" state**.

If the same mechanism is proven in humans, diabetes treatment could shift from conventional symptom control using daily insulin or medication to a radical approach that eliminates the root cause. **This groundbreaking concept is drawing major attention across the pharmaceutical industry.**

What Is Biozipcode™?

— A "labeling system" that delivers drugs only to specific target cells in the body

This technology attaches a short peptide "tag" made of 7 amino acids (chosen from 20 types) to the drug. Like a postal code, each cell type reads only its specific code. For example, only liver cells can read the tag addressed to them and absorb the drug, while other cells cannot recognize it. As a result, the drug works only where needed — enhancing efficacy while minimizing side effects. It functions like a delivery service that ensures parcels are sent only to the correct address.

Currently, Biozipcode technology is being applied in developing new diabetes treatments and therapies to reduce side effects in cancer care. In the future, it is expected to become a key technology for delivering **"the right drug to the right place"** in precision medicine.

2. Token Overview

Token Overview (Specification)

Item	Details
Token Name / Ticker	Global Development Token (GDT)
Total Supply	500 million GDT
Initial Sale Price	First Lot: 1 GDT ≈ 1 USD *Not pegged to USD. A ladder pricing model will be used, gradually increasing the price during the ICO period.*
Main Utilities	・Payment for medical tour packages ・Purchase of 5-ALA products ・Biomarker testing fees ・Specialized diagnostics, etc.
Initial Sale Allocation	100 million GDT (Fundraising target: USD 20–30 million)

Token Overview (Utility – Use Case)

Use Case	USD (Ref.)
High-End Tourism – Full Package for Investors	1,000,000 USD
JAPAN Tour (incl. factory visit)	30,000 USD
UAE Tour (incl. retreat program)	30,000 USD
Palau Tour (incl. retreat program)	30,000 USD
Purchase of 5-ALA products	100 USD
Biomarker Testing	1,000 USD
Specialist Consultation for Diabetes Cure	50,000 USD

Token Overview (Use of funds)

Pool	Allocation	Purpose
Early Investors & Private Sale	Approx. 30%	Immediate funding for clinical trials and facility development
Public Sale	Approx. 20%	Community expansion and liquidity provision
Rewards & Ecosystem Incentives	20%	Staking and data contribution incentives
Team & Advisors	10%	Long-term commitment rewards
Liquidity & Reserves	10%	DEX/CEX pair supply and contingency reserves
SDGs & Public Interest Fund	10%	Potential use cases in which Biozipcode™ technology and its related patents advance the SDGs, with support from partner nations such as Palau, are being envisioned.

3. Issuance and Management Structure

Category	Corporation / Organization
Issuer	**Auring Inc. (BVI)** BVI COMPANY NUMBER: 2156427
Partner Companies	・Palau Sambas Development Inc. (Palau) ・Biozipcode Inc. (Japan) ・KIYAN MEDICAL Co., Ltd. (Japan) ・Biozipcode UAE LLC (UAE / In preparation)
Registered Address	Trinity Chambers, P.O. Box 4301, Road Town, Tortola, VG1110, British Virgin Islands
Contact	ir@gdt-token.com
White Paper URL	https://gdt-token.com/whitepaper.pdf

4. Use of Initial Funds (Estimated: USD 20–30 Million)

Category	Alloc.	Main Use
Clinical Trials	40%	Launch of clinical trials in Palau; preparation for FDA applications in UAE, Japan, and the U.S.
Manufacturing / CMC	20%	Scale-up of 5-ALA API production; formulation of cell-targeted HDAC inhibitors
Diagnostic Development	15%	Regulatory filing for abnormal hematopoietic stem cell (DSC) detection kit
Retreat Facilities	15%	Construction and expansion of residential medical resort in Palau
Operations & IP	10%	International patent applications; strengthening governance and legal systems

5. Key Milestones

Year / Quarter	Medical / Business Milestones	Token / Governance Milestones
2024 Q4	‣ Completion of preclinical POC (large animal study) ‣ Prototype of DSC diagnostic kit completed	‣ Finalization of GDT token design and white paper publication
2025 Q4	‣ Start of Palau Phase IIa trial (approx. 100 participants)	‣ Seed & Private Sale (150M GDT) ‣ Launch of fund balance dashboard on official website
2026 Q1	‣ Interim analysis and safety confirmation of Palau trial	‣ Public Sale-1 (100M GDT) ‣ Launch of multi-signature treasury operations
2026 Q2	‣ Pilot operation of medical tours (Palau / UAE)	‣ Public Sale-2 (100M GDT) ‣ Launch of GDT staking rewards program
2027 Q1	‣ CE-IVD application for DSC diagnostic kit ‣ Start of UAE Phase IIb trial (250 participants)	‣ Start of validation using DSC diagnostic kit
2027 Q4	‣ Start of UAE Phase III trial	‣ Activation of token burn policy (burn 20% of GDT used for medical tour payments)
2028 Q2	‣ Full-scale operation of UAE retreat facility (1,000 patients/year)	‣ Target listing on Tier-1 CEX and expansion of liquidity pools
2029 Q1–Q4	‣ Start of Phase III trials in Japan and the U.S. ‣ Completion of patient enrollment and analysis for Phase III	‣ Governance update (easing voting participation requirements)
2030 Q1	‣ Submission for regulatory approval (FDA/PMDA/UAE DoH) ‣ Global launch of curative drug and diagnostic kit	‣ Consideration of expanded token use cases
2030 Q4	‣ Establishment of medical tourism system for 20,000 patients annually	‣ Launch of contributions to social impact pool

6. Key Risks and Mitigation Measures (Summary)

Risk	Mitigation Measures
Uncertainty in clinical development	Multi-country trials and adoption of adaptive trial design
Changes in regulatory environment	Early engagement with national authorities and strengthening of legal team
Token liquidity	Phased sales, lock-up strategy, and liquidity pool development
Cybersecurity risks	External audits and third-party security assessments
Operational delays	・MoU with the C20Government of Palau and secured backup facilities ・Advance coordination with health authorities in UAE, Japan, and the U.S. ・Accelerated research and publication of studies and data

7. Disclaimer (Summary)

GDT is a utility token and does not guarantee dividends or price appreciation. Approval of pharmaceuticals and diagnostics, as well as the business plan, may change depending on the regulations and market conditions of each country. Please make any investment decisions at your own risk.

Contact

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MAIL: ir@gdt-token.com
For the latest updates, please refer to the white paper and official website.

Official Website:

https://gdt-token.com

Chapter 1: Vision and Mission
— Creating a World Where "Cure" Is the Standard Through SDGs and Medical Innovation —

1. Vision

Curing the Incurable, Inspiring Global Innovation

We aim to redefine diabetes as a curable condition and turn this global health challenge into a source of vitality for sustainable local communities. Starting with clinical trials in Palau, we will expand this successful model to the UAE, Japan, and the United States—creating a global positive cycle of SDGs, healthcare, and economic growth.

2. Mission

1. **Scientific Proof of a Diabetes Cure (SDG 3)**
   A) Shift from treatment to cure using 5-ALA/HDAC inhibitors and biomarkers for abnormal hematopoietic stem cells.
   B) Start clinical trials in Palau and seek regulatory approvals in Japan, UAE, and the U.S. to establish a global standard of care.

2. **Co-creative Development of Local Economies (SDG 8, 11)**
   A) Reinvest new employment and tourism revenue from clinical trials and medical tourism into infrastructure and education.
   B) Build resilient, inclusive communities while preserving the traditional culture and natural environment of the UAE and Palau.

3. **Sustainable Industrial Innovation (SDG 9)**
   A) Establish a side-effect-free drug discovery platform using Biozipcode™ technology, with applications in diabetes cure, next-generation cancer treatment, and regenerative medicine.
   B) Promote open innovation by forming global healthcare clusters in collaboration with research institutes and startups in the UAE, Japan, and the U.S.

4. Strengthening Global Partnerships (SDG 17)

A) Centered around issuer Auring Inc. (BVI), universities, hospitals, investors, and policymakers from the UAE, Japan, and the U.S. will participate.

B) Use blockchain for transparent fund management and data sharing to accelerate public-private collaboration.

3. Why Now

- Over 590 million people worldwide live with diabetes, with annual healthcare costs exceeding USD 1 trillion.
- Most treatments only manage blood sugar levels, limiting the quality of life (QOL) for patients and families.
- In island nations and developing countries like Palau, limited medical access is worsening health disparities.
- Even in high-income countries (UAE, Japan, the U.S.), diabetes remains feared as an "incurable" disease.

By making complete cure the new standard, we can deliver a triple societal return: reduced healthcare costs, improved productivity, and boosted medical tourism.

4. How We Will Make It Happen

Strategic Focus	Specific Actions
Science × Fintech	Use the Global Development Token (GDT) to instantly circulate research funding and accelerate value exchange among stakeholders.
Treatment × Tourism × Education	Integrate clinical trials, post-cure care, retreat stays, and medical training into one system to stimulate local economies.
Global Regulatory Strategy	Establish safety and efficacy in Palau, then gradually submit data packages meeting regulatory standards in the UAE, Japan, and the U.S.
Data-Driven Sustainability	Track patient outcomes and SDG impact indicators in real time and disclose them transparently to token holders.

5. Core Values

- **User-Centric —** In both science and finance, our ultimate goal is the smile of every user.
- **Inclusion & Diversity —** We respect each country’s culture and nature, and co-create through multinational teams.
- **Transparency —** We ensure fair evaluation by disclosing funds and data through blockchain.
- **Resilience —** We design medical infrastructure that withstands climate change, pandemics, and financial crises.

6. Message from GDT Issuer & Project Lead, Fumihisa Kojima

"From the UAE, we will redefine the global medical standard."

This challenge, beginning with a token sale, will expand from the Plau and UAE to Japan, the U.S., and ultimately to every corner of the world. GDT is the key for you to join this journey and help shape the future together.

Chapter 2: Background
— Global Diabetes Burden and the Reality in World —

2.1 The Growing Global Diabetes Pandemic

- An estimated 590 million adults (ages 20–79), or about 1 in 9 people worldwide, are living with diabetes. Annual healthcare costs have exceeded USD 1 trillion, and the disease causes 3.4 million deaths per year—one person every 9 seconds. The number of patients is projected to rise to 640 million by 2030 and 850 million by 2050.*
- Driven by high-calorie diets, urban lifestyles, and aging populations, diabetes prevalence continues to climb across both developed and emerging countries.
- It is one of the most serious non-communicable disease (NCD) threats, hindering progress on SDG Goals 3 (Health), 8 (Economic Growth), and 10 (Reduced Inequalities).

2.2 Micronesia as a Small Island Developing State (SIDS): The Alarming Reality in Palau

Indicator (2024)	Palau	Global Average
Age-Adjusted Prevalence Rate	19.30%	11.10%
Undiagnosed Rate	56.30%	44% (estimated)
Per Capita Healthcare Spending	3,858 USD	Approx. 1,700 USD

Due to increased dependence on processed foods, the decline of traditional fishing, and widespread physical inactivity, Palau has reached the level of a global ***"Diabetes Hotspot."*** The country's medical infrastructure remains fragile, and **1 in 2 people develop complications without realizing they have diabetes.**

* **The Diabetes Atlas** https://diabetesatlas.org/

2.3 A New Wave in Developed Countries: The Cases of Japan and the UAE

■ **Japan**

- **Prevalence rate: 8.1% (8.97 million people).** The number of patients continues to rise slowly due to aging and Westernized diets.
- Annual healthcare costs exceed 1.6 trillion yen, with rising social costs from complications such as kidney disease, blindness, and dementia.[†]
- While health check systems are well established, less than 20% of eligible individuals participate in lifestyle intervention programs.

■ **United Arab Emirates (UAE)**

- **Prevalence rate: 20.7%**, the highest among high-income countries. One in five adults has diabetes. The UAE also ranks among the highest in obesity and sugar consumption.
- The disease is increasingly affecting the younger working population, posing a barrier to the country's economic diversification strategy.[‡]
- The government aims to reduce NCDs under the **"Dubai Health Strategy 2030,"** but the expansion of medical tourism is expected to further increase the demand for diabetes treatment.。

2.4 The Core Challenges — A Triple Crisis of "Cost", "Inequality", and "Lack of Cure"

The Economic Burden Is Undermining National Budgets

- In 2024, global diabetes-related healthcare spending surpassed **USD 1 trillion** for the first time—an increase of 4% in just three years.This represents approximately 11% of global health expenditure, threatening the fiscal stability required to achieve SDGs Goal 3 (Health) and 8 (Economic Growth).[§]
- Even in advanced economies, the burden is severe. In Japan, annual diabetes-related costs exceed USD 1.2 Billion (about 0.3% of GDP), while in the UAE, productivity losses are growing due to rising cases among younger workers.

[†] **IDF Japan** https://idf.org/our-network/regions-and-members/western-pacific/members/japan/

[‡] **IDF DUBAI** https://idf.org/our-network/regions-and-members/middle-east-and-north-africa/members/united-arab-emirates/

[§] **Over 250 million people worldwide unaware they have diabetes, according to new IDF research** https://idf.org/news/idf-diabetes-atlas-11th-edition/

Diagnostic Gaps and "Younger Onset" Are Accelerating the Crisis

- Of the **589 million people** worldwide living with diabetes, **43% (250 million) are undiagnosed**. In many cases, complications are already progressing when symptoms appear.There is an urgent need for a simple, early diagnostic marker.
- In the UAE, **diabetes affects 20.7% of adults,** making it a **"national disease"** among the working-age population. **Japan also faces record-high prevalence at 8.1%**, directly impacting productivity in an aging society with extended retirement ages. [**] [††]

Treatment Focuses Only on "Management" — The Cure Is Missing

- **Current therapies mainly aim to control blood glucose levels** and do not address the root cause-abnormal hematopoietic stem cells (DSCs).
- As a result, the cycle of prolonged **treatment -> increased costs -> growing inequality is reinforced**, becoming a major obstacle to achieving SDG Goal 10 (Reduced Inequality).
- **Time is life** - In 2024 alone, 3.4 million people died from diabetes-one life lost every 9 seconds. The social and economic losses are immeasurable.

2.5 Why Now Is the Time to Pursue a Cure — Five Tailwinds

Tailwind	Background	Benefit
① **Scientific Breakthrough**	Established safety data for HDAC inhibitors + 5-ALA; identification of "causal cells" via DSC biomarkers.	Dramatically increases clinical success probability compared to the past.
② **Regulatory Receptiveness**	Japan's "Sakigake" fast-track system, UAE Vision 2031, and the U.S. 21st Century Cures Act prioritize regenerative and rare disease therapies.	Secures fast-track approval pathways in the three major markets.
③ **Surge in Impact Investment**	ESG/SDGs-driven capital has reached USD 1.2 trillion globally (2024 estimate).	Investors can pursue dual returns: *cure* × *SDGs*.
④ **Maturity of Web3 Capital Flow**	Tokens enable cross-border, instant, small-scale fundraising.	Regulators can track transparent fund flows; investors gain liquidity.
⑤ **Time Pressure**	If status quo continues, 850+ million people will have diabetes by 2050. 2025–2030 is the only window for disruptive intervention.	Early investment yields significant healthcare cost savings over 30 years.

[**] **IDF Japan** https://idf.org/our-network/regions-and-members/western-pacific/members/japan/
[††] **IDF United Arab Emirates** https://idf.org/our-network/regions-and-members/middle-east-and-north-africa/members/united-arab-emirates/

***For the Medical Sector* – A Turning Point**

Diabetes treatment currently runs on an annual cost of over $1 trillion worldwide. If a cure becomes available, it will fundamentally disrupt the existing model that relies on long-term medication and managing complications—a true game-changer for the industry. Companies and medical institutions that can deliver a cure early will be in a position to seize this enormous market all at once, while also enabling treatment entirely within their own country. This is their greatest tailwind.

***For Regulators* – A Policy Opportunity**

Chronic diabetes-related spending strains national budgets. If a curative therapy is established, it offers a powerful policy tool to dramatically reduce long-term healthcare costs and accelerate progress toward SDG Goal 3: Good Health and Well-being. Regulators are increasingly motivated by the dual incentives of fiscal relief and improved public health—creating momentum to support approval of innovative treatments.

***For the Medical and Tourism Industries* – A New Market Frontier**

"Therapeutic tourism," where patients experience a complete cure protocol, is a high-value service beyond traditional spa or wellness tourism. A model combining medical treatment and retreat stays for several weeks, especially for high-net-worth individuals and corporate executives, creates new streams of foreign currency revenue. It merges hospitality, tourism, and healthcare into an integrated economic engine.

Chapter 3: Scientific Foundation and Clinical Development Roadmap

3.1 Science That Targets the Core of the Disease

Recent findings from over 20 years of research led by Professor Hideto Kojima at Shiga University of Medical Science suggest that **the true cause of diabetes is not insulin-producing cells, but abnormal hematopoietic stem cells, known as Diabetes Stem Cells (DSCs).**[‡‡]

DSCs acquire epigenetic abnormalities (specifically, HDAC overexpression) in high blood glucose environments and inhibit the natural regeneration of pancreatic islets. In experimental models, removing DSCs led to complete remission of diabetes in mice.

The key to eliminating these abnormal cells is a combination therapy of insulin and an HDAC inhibitor (5-ALA). Studies have confirmed that short-term administration of an HDAC inhibitor can eliminate DSCs and restore pancreatic function.

This project aims to translate this mechanism from basic research to human clinical application, **shifting diabetes from a "managed" disease to a "curable" one.**

Specifically:

- Determine the optimal dosage and treatment duration of insulin + HDAC inhibitor.
- Conduct international joint clinical trials (Phase IIb → III) focusing on DSC elimination and pancreatic function recovery as primary endpoints.
- In parallel, develop a low-side-effect formulation using Biozipcode™ to enable immediate clinical adoption after trial completion.

[‡‡] **Complete remission of diabetes with a transient HDAC inhibitor and insulin in streptozotocin mice**
https://www.nature.com/articles/s42003-023-05010-x

3.2 HDAC Inhibitor: Mitochondrial Recovery Strategy Powered by 5-ALA

The core therapeutic agent is **5-Aminolevulinic Acid (5-ALA)**. 5-ALA is a precursor of heme, essential for mitochondrial energy production, supporting both ATP generation and reactive oxygen species breakdown. It is already widely available as a supplement and is known for its high safety margin, making it well-suited for clinical use.

3.3 Biozipcode™: Next-Generation Drug Delivery

Biozipcode™ is a pinpoint drug delivery technology that surpasses existing molecular targeting therapies by delivering drugs only to the intended cells. Inspired by Japan's postal code system, it uses a 7-amino acid "address code" to identify target cells and attach the code to drugs or vectors. In theory, there are 1.3 billion possible combinations.

This technology has already identified address codes for diabetes stem cells, cancer cells, and other specific target cells, allowing it to function as a platform to dramatically reduce side effects.

In other words, **Biozipcode™ ensures that drugs reach only the cells that need them—nowhere else.** Think of it like a parcel with a barcode being delivered only to the correct house. This enables:

- **High efficacy with smaller drug doses**
- **Minimal damage to healthy organs and reduced side effects**
- **Versatility to apply the same drug to diabetes, cancer, autoimmune diseases, and more by simply changing the target**

Biozipcode™ eliminates guesswork in drug delivery and paves the way for safer, more precise treatments—it is the foundation of next-generation therapy.

3.4 Clinical Development Roadmap (2024–2030)

Year	Key Stage	Primary Countries	Milestones
2024	Completion of Preclinical POC	Japan	Small animal studies; DSC diagnostic kit prototype development
2025	Additional Preclinical Research	Japan	Large animal studies
2025	Phase I/IIa Investigator-Initiated Trial	Palau	Safety, early efficacy, and biomarker validation
2026	Diagnostic Marker Prototype	UAE, Japan, U.S.	Completion of DSC diagnostic kit prototype
2026–27	Phase IIb	UAE, Japan	Dose optimization and long-term remission assessment
2027–29	Phase III Global Multicenter	UAE, Japan, U.S.	Data acquisition for regulatory submission (FDA and others)
2030	Regulatory Approval & Market Launch	Major OECD Countries	Approval of 5-ALA formulation; launch of DSC diagnostic kit

3.5 Intellectual Property and Manufacturing Structure

- A portfolio of international patents covering DSC elimination therapy, biomarkers, and 5-ALA combination therapy has been filed and partially granted. The core published patents are listed on the Biozipcode, Inc. website:
  URL: https://biozipcode.co.jp/business/patent/
- The 5-ALA active ingredient is produced at KIYAN PHARMA's Fukuroi plant, which houses one of the world's largest fermentation facilities and is GMP-certified. It is manufactured using proprietary technology, allowing for low-cost mass production, and will be procured through KIYAN MEDICAL Co., Ltd.
- Scale-up of HDAC inhibitors and targeted formulations will be conducted through partner CDMOs (Contract Development and Manufacturing Organization) in the UAE and Japan.

For more technical details or product inquiries, please contact Biozipcode, Inc. directly.

Chapter 4: Integrated Solution
— Biozipcode Platform & Medical Tourism — A “Cure Ecosystem” Proven in Palau and Scaled Across UAE, Japan, and the USA —

4.1 Our Pathway to a Cure

Traditional diabetes care has focused on blood sugar control — a “disease management” approach. The Biozipcode Platform breaks that paradigm by introducing a new form of medicine: **one that removes the root cause cells and restores natural healing power.**

- **Instant Diagnosis** – A diagnostic kit that quantifies abnormal hematopoietic stem cells (DSCs) from a single drop of blood.
- **Curative Therapy** – A protocol centered on HDAC inhibitors to eliminate DSCs and regenerate pancreatic islets.
- **Toward Zero Side Effects** – Biozipcode™ DDS delivers drugs only to the target cells using a 7-digit peptide "address code".
- **Transparent Payments and Data** – Treatment, diagnostics, and research are recorded and visualized via blockchain.
- **Immersive Healing Experience** – A retreat environment that integrates therapy and rest, improving both patient quality of life and tourism value.

4.2 Why Start in Palau – A Microcosm of the World

Why begin in an island nation like Palau?

- **High Prevalence + Small Population**
  A physician-led clinical trial with 100–200 participants allows for rapid statistical validation. The consistent diabetes environment makes Palau ideal for identifying root causes.
- **Government-Level Support**
- An MoU with Palau National Hospital shortens the process of volunteer recruitment and ethics review.

- **A Story of Healing**
  Like Okinawa, Palau faces a major diabetes burden. It serves as a "model nation for diabetes cure" — a powerful narrative that resonates with global media and helps build early brand value.

Palau is only the starting point. Once safety and efficacy are proven there, the project will scale globally, leveraging the strong proof-of-concept to enter larger markets.

4.3 UAE – Crossroads of Capital, Regulation, and High-End Medical Tourism

Dubai is one of the world's fastest-growing centers for both medical tourism and Islamic finance. The planned establishment of Biozipcode UAE LLC will consolidate three key functions:

- Regional headquarters for intellectual property management across the Middle East and Africa
- Regulatory submission and distribution hub for GCC and African markets
- Capital raising via Sharia-compliant funds and family offices

The target is not limited to private clinics. The project aims to work with the Dubai Health Authority (DHA) toward public insurance coverage, similar to Japan's national health system — making this the world's first curative diabetes drug potentially covered by government healthcare.

4.4 Japan – Hub of Science and Manufacturing

- Professor Kojima's lab at Shiga University of Medical Science continues to refine **biomarker accuracy using AI-powered Biozipcode™ case analysis**.
- The KIYAN PHARMA Co., Ltd. plant in Fukuroi operates one of the world's largest photosynthetic bacterial fermentation systems, enabling GMP-grade mass production of 5-ALA.
- The team plans to utilize **Japan's "Sakigake" fast-track approval system**, aiming for Asia's first officially approved curative diabetes drug.

Japan will serve as a scientific and manufacturing hub for the broader Asian market, ensuring both clinical credibility and supply chain stability. Its physical production base enables rapid delivery of therapies to patients.

Chapter 5: Market Opportunity and Competitive Advantage
— Transforming the USD 1 Trillion "Management Market" into a Curative Market —

5.1 A Massive Global Market

- **Patient Population**
  As of 2024, **589 million adults (1 in 9) worldwide have diabetes**. Global healthcare costs exceed **USD 1 trillion annually**, with the number of patients projected to reach **853 million by 2050**.
- **Pharmaceutical Market Size**
  The market for glucose-control medications alone is worth **USD 88 billion (2024)** and is expected to more than double to **USD 233.8 billion by 2032**.[§§]
- **Medical Tourism**
  In the UAE alone, the medical tourism market reached **USD 1.08 billion in 2024**, with an annual growth rate of 8–14%, showing continued expansion.[***]
- **The Value of a Cure**
  The current USD 1 trillion is based on a system that assumes "no cure." If curative therapies become standard, **this massive expenditure will be redirected toward real healing outcomes**.

5.2 Defining TAM, SAM, and SOM

Segment	Definition	2032 Market Size	Entry Strategy
TAM (Total Addressable Market)	Global diabetes-related spending	USD 1 trillion	Replace with curative drugs and biomarkers
SAM (Serviceable Available Market)	Drug and diagnostic markets in high-income countries and medical tourism zones	USD 230 billion	Obtain FDA approvals in developed countries and enter tourism hubs
SOM (Serviceable Obtainable Market)	Expected market share in the first 5 years	20% (≈ USD 46 billion)	Phased rollout: UAE → Japan → USA

[§§] **Diabetes Drugs Market Size** https://www.fortunebusinessinsights.com/industry-reports/diabetes-drugs-market-100570
[***] **UAE Medical Tourism Market 2024–2033** https://www.custommarketinsights.com/report/uae-medical-tourism-market/

5.3 Competitive Landscape: Existing Treatments vs. Biozipcode's 5-ALA-Based Approach

Category	Key Players	Value Proposition	Key Gaps
Insulin Therapy	Novo Nordisk, Eli Lilly, etc.	Blood glucose control	Lifelong administration; high cost
GLP-1 Receptor Agonists	Wegovy®, Mounjaro®	Weight loss and glucose improvement	Side effects; risk of relapse
Bariatric Surgery	Various medical institutions	Significant weight reduction	Complications; limited eligibility
Biozipcode™ / 5-ALA	Biozipcode, Inc.	Curative by eliminating DSCs / detection of DSCs	No competition (First-in-class)
Biozipcode™	Biozipcode, Inc.	Side-effect-free drug delivery system	Precisely targets only specific cells

Competitive Advantage ①:
The treatment goal itself is different — not management, but cure.

Competitive Advantage ②:
Biozipcode™ technology minimizes side effects at the cellular level, setting a new standard for safety.

5.4 Entry Barriers and Sustainable Advantages

- **Patent Portfolio**
  Biozipcode, Inc. has filed and/or obtained four PCT (international) patents covering DSC diagnostics, elimination therapy, and drug delivery systems (DDS).
- **Manufacturing Uniqueness**
  KIYAN PHARMA Co., Ltd.'s facility is the only plant in the world capable of gram-scale fermentation of 5-ALA using photosynthetic bacteria.
- **Regulatory Pathway Bridge**
  The company aims to establish a multi-stage regulatory route:
  Validation in Palau → UAE Vision 2031 → Japan's Sakigake System → U.S. FDA Fast Track.
- **Token Economy**
  GDT functions as a unified utility token for medical payments, tourism, and data rewards. This increases the cost of leaving the ecosystem, promoting long-term use and stability of the token.

Patents Held or Filed by Biozipcode, Inc.
(PCT Applications, National Phase Entry in Progress)

- Treatment of diabetes by targeting abnormal stem cells
  (PCT/JP2020/039044)
- Use of stem cell migration agents for diabetes treatment
  (PCT/JP2020/039045)
- Novel methods and agents for the treatment, diagnosis, and detection of diabetes and its complications
  (PCT/JP2022/008036)
- Treatment methods and agents for diabetes and complications via HDAC modulators
  (PCT/JP2022/008036)

Chapter 6: Token Design (Tokenomics)
— GDT Economics Powering Clinical Trials, Medical Tourism, and R&D Simultaneously —

6.1 Token Role

The Global Development Token (GDT) serves three main purposes:

1. **Capital Circulation**
   – Timely funding for clinical trials, facility construction, and research.
2. **Payment Currency**
   – Used for payments in diagnostics, treatment, medical tourism, and data access.
3. **Goal Achievement**
   – Enables milestone tracking for patients, researchers, and holders.

GDT is issued and circulated as a non-investment utility token. **It does not carry dividends, interest, or voting rights.**

6.2 Token Architecture

Item	Details
Token Name / Ticker	Global Development Token (GDT)
Blockchain	EVM Compatible (ERC-20)
Total Supply	500M GDT (No additional issuance)
Initial Price	1 GDT ≈ 1 USD (Price increases in stages across sale phases)
Issuer	Auring Inc. (BVI)

GDT is a utility token designed to unify clinical trials, medical tourism, and research under the Biozipcode Group ecosystem. It is issued in full (500 million tokens) at the Token Generation Event (TGE) with no future minting, and built on an EVM-compatible (ERC-20) blockchain. We aim to sell at a final target of 1 GDT ≒ 1 USD, with a very simple pricing structure where the price increases by 15% at each sales

phase.

6.3 Token Allocation Model

Pool	Allocation	Purpose
Early Investors & Private Sale	Approx. 30%	Immediate funding for clinical trials and facility development
Public Sale	Approx. 20%	Community expansion and liquidity provision
Rewards & Ecosystem Incentives	20%	Staking and data contribution incentives
Team & Advisors	10%	Long-term commitment rewards
Liquidity & Reserves	10%	DEX/CEX pair supply and contingency reserves
SDGs & Public Interest Fund	10%	Potential use cases in which Biozipcode™ technology and its related patents advance the SDGs, with support from partner nations such as Palau, are being envisioned.

All issued tokens will be allocated immediately across six purposes. 30% (150 million tokens) will be allocated to early investors and the private sale, directly funding clinical trials and facility development. 20% (100 million tokens) will be allocated to the public sale to expand the community and secure liquidity.

Another 20% will be reserved for staking rewards and data contribution incentives (Sharing information and referrals for clinical trials, supplement experiences, and diabetes-related activities). The allocation to the team and advisors is limited to 10% of the total supply. These tokens will follow a "self-lock" approach, where the timing of any sale is left to the moral judgment of each holder. All team members are internal to Biozipcode, Inc., and no external brokers are involved.

The remaining 10% will be allocated to liquidity pools for DEX/CEX, and another 10% will be allocated to an SDG public fund aimed at reducing disparities in medical access. By intentionally avoiding complex unlock schedules and multi-stage lockups, full transparency is ensured so that anyone can track who holds how much, and when.

6.4 Utility

Use Case	USD (Ref.)
High-End Tourism – Full Package for Investors	1,000,000 USD
JAPAN Tour (incl. factory visit)	30,000 USD
UAE Tour (incl. retreat program)	30,000 USD
Palau Tour (incl. retreat program)	30,000 USD
Purchase of 5-ALA products	100 USD
Biomarker Testing	1,000 USD
Specialist Consultation for Diabetes Cure	50,000 USD

The intended uses of GDT include the following seven core utilities:

- Priority access for investors to high-end curative diabetes tourism packages,
- JAPAN Tour (visits to research labs and manufacturing facilities),
- UAE Tour,
- Palau Tour,
- Purchase of 5-ALA products,
- DSC biomarker testing,
- Specialist medical consultations.

These utilities may be updated in the future, with additional features added or discontinued as needed. Each service will have a fixed price in USD, and conversion into GDT will be clearly published to avoid user confusion. By holding GDT, users can seamlessly pay for services ranging from medical treatment to retreats and tourism. As usage increases, natural demand for the token is expected to grow.
(The rollout timing of each service may vary depending on the partner operators in each country.)

6.5 Sale Phases and Pricing Steps

Phase	Supply	Price (GDT/USD)	Description
Seed	50M	0.85	Discounted rate for core investors
Private	100M	1	Main fundraising round
Public-1	50M	1.15	Launch alongside TGE
Public-2	50M	1.3	Community expansion phase
Exchange or Future Release	50M	Market Price	Released or burned based on future demand

The token supply per phase is an estimate and may be adjusted depending on timing.

Fundraising will proceed in four stages. The seed round will sell 50 million tokens at 1 GDT = 0.85 USD to attract core investors. This will be followed by a private sale at 1 USD, a first public sale at 1.15 USD, and a second public sale at 1.30 USD. This pricing strategy offers clear incentives for early participants and reduces dilution concerns for later buyers. The issuer's 150 million token treasury will be held as a flexible reserve, to be released or burned based on market demand.

6.6 Price Stability and Burn Policy

- **Utility-based support:** Because GDT is essential for medical tourism and diagnostics, there is consistent, real-world buying pressure.
- **Burn mechanism:** 20% of GDT used in medical services will be burned.
- **No dilution:** There will be no additional token issuance.
- **No hidden lockups:** All tokens will be fully minted and tradable from the start.
- **Burn increases scarcity:** The more GDT is used, the smaller the circulating supply becomes.
- **Sustained real demand:** Healthcare services including medical tourism, diagnostics, and pharmaceuticals will provide long-term demand.

These mechanisms are not intended to guarantee or support the token price.

Chapter 7: Use of Funds and Revenue Model — Capital Allocation and Cash Flow Design to Scale the "Cure Business" —

7.1 Funding Target and Round Structure

This project aims to raise USD 20–30 million within the first six months after the TGE. This will secure bridge funding from the Palau clinical trial to the UAE Phase III application and simultaneously onboard first medical tourism users (investor-tier participants).

7.2 Use of Funds (CAPEX / OPEX Allocation)

Category	Allocation	Specific Investment Details
Clinical Trial Costs	40%	R&D expenses including CRO contracts, drug supply, and subject compensation for Palau Phase II and UAE/Japan Phase II–III trials
Manufacturing Capacity Expansion	20%	Expansion of 5-ALA fermentation line at KIYAN PHARMA Co., Ltd.'s Fukuroi plant, scale-up of HDAC inhibitor cell-targeted formulations, and R&D funding to partner manufacturers
Retreat Facility Development	15%	Establishment or partnership for residential medical resorts in Palau or UAE
Diagnostic Launch Preparation	15%	GMP manufacturing of DSC biomarker kits, CE/IVD applications, and distribution channel development
Sales, Marketing, and Other	10%	Medical tourism campaigns targeting high-net-worth individuals in the Middle East and North America, GDT user conferences, and other initiatives

40% of the raised funds will be used for clinical trial-related costs, ensuring seamless progression from Palau to the UAE, Japan, and the United States.
20% will be allocated to manufacturing, including scaling up the 5-ALA fermentation line and cell-targeted HDAC inhibitor formulations, as well as R&D funding to partner manufacturers. 15% will be invested in the medical retreat business, aiming to generate revenue even before drug approval. The remaining 25% will go toward preparing for the launch of diagnostics and cross-regional marketing, building a

dual-layered cash flow model that generates revenue before clinical trials are complete.

7.6 Risks and Hedging Strategies

The primary risk is clinical failure. However, this will be mitigated through multi-country trials and Adaptive Design, allowing early termination or protocol adjustment to contain losses. To hedge against regulatory delays, submissions will proceed in parallel across Palau, the UAE, Japan, and the U.S. Currency risk will be managed through USD-pegged GDT payments and forward contracts. To counter tourism demand drops, multi-location deployment in the UAE and Japan will reduce regional risk.

7.7 Summary: Social Impact × Financial Return

Funds raised will be concentrated in five key areas: clinical trials, manufacturing, retreats, diagnostics, and marketing. Revenue will be balanced across four pillars: patents, pharmaceuticals, retreats, and data, creating a structure resilient to single-point failures. Participation in GDT offers a rare opportunity to contribute to the social impact of curing diabetes, while benefiting from compound returns generated across pharmaceuticals, tourism, and data sectors—driven by Biozipcode, Inc. and its business partners.

Chapter 8: Regulatory and Compliance Framework — A Pre-Coordinated Model Aligning Token, Medical, and Data Layers Simultaneously —

8.1 Issuer and Core Governance

The issuer of the Global Development Token (GDT) is Auring Inc., based in the British Virgin Islands (BVI). BVI offers a flexible and transparent common law environment for crypto asset businesses, and clearly recognizes utility tokens with no additional issuance and no dividend rights.

For acquired crypto assets, tokens held long-term will be stored in two separate wallets: one in an offline (air-gapped) hardware wallet and one as a paper wallet, both physically isolated from the internet. Wallet balances and board meeting minutes will be disclosed quarterly on the official website.

In addition, Auring Inc. will establish a Charitable Sub-Fund to manage funds dedicated to SDGs and public interest activities, ensuring financial and operational separation from general business expenses.

8.2 Legal Status of the Token

GDT is designed as a **pure utility token** used only for “service payments” and “rewards to project participants.” It does not carry interest, dividends, or residual claims, and no language will imply or promise price appreciation. With this premise in place, the project will sequentially evaluate each jurisdiction to ensure that no regulatory gaps exist. In **BVI**, a legal opinion will be obtained and oral confirmation will be sought from the Financial Services Commission, classifying GDT as an “unregulated token.” In the **UAE**, GDT is expected to be categorized under “utility digital assets with use value” by **ADGM/VARA**. In the **U.S.**, the token will be structured to fall **outside the definition of an investment contract under the SEC’s Howey Test**, and a pre-clearance process will be initiated. In **Japan**, GDT will be treated as a “crypto asset” under the amended Payment Services Act, and sales/distribution will be limited to registered crypto asset service providers (CASPs),

thereby avoiding securities regulations under the Financial Instruments and Exchange Act. All official letters and legal opinions submitted to regulatory bodies will be published in full as appendices to the white paper, with links for public access.

8.3 KYC/AML and Data Privacy

Given the nature of crypto assets, KYC (Know Your Customer), AML (Anti-Money Laundering), and user data protection are essential. The GDT ecosystem will adhere to the following three principles:

Strict Compliance with Local Laws
In all jurisdictions where token sales or transactions take place, local regulations and supervisory guidelines related to KYC/AML will be followed.
Registered crypto exchanges or payment partners will implement standard procedures (e.g., passport verification, facial recognition, sanction list checks), avoiding duplication of effort for users.

Minimal Data Collection & Shortest Retention
Personal data such as ID images and addresses collected for KYC will be securely stored only for the legally required duration and promptly deleted thereafter. No data will be repurposed for marketing or shared with third parties.

Timely Updates in Line with Regulation
As crypto regulations evolve frequently, all procedures and terms will be updated promptly in response to new guidance or circulars from regulators in each country. Updates will be reflected in the white paper and announced on the official website.

All information collected from users will be strictly limited to what is legally required and retained only as long as necessary. Data will be deleted after the retention period and never reused for marketing or third-party sharing.

8.4 Compliance Policy for Medical Claims

When introducing or offering pharmaceutical products or medical services, all advertising laws and healthcare regulations in relevant jurisdictions will be strictly observed.

Specifically:

1. **Avoid absolute or exaggerated claims such as “guaranteed cure,” and clearly state that treatments are still in the clinical trial phase.**
2. **Transparently disclose the possibility of side effects or off-label use.**
3. **Do not promote unapproved drugs for general public use.**

When producing promotional materials, the team will refer to medical advertising and public education guidelines published by the Ministry of Health of Palau, UAE MoHAP, Japan PMDA, and the U.S. FDA. Legal reviews will be conducted where necessary prior to release.

If any agency requests modifications or additional disclosures, updates will be reflected immediately in the website and the white paper.
This policy ensures that patients and investors are not misled and that communication remains transparent and evidence-based throughout the clinical development process.

Chapter 9: SDGs and ESG Impact Assessment — The Triple Impact of Cure: Health, Prosperity, and Inclusion —

9.1 Redefining the Global Challenge

Diabetes imposes over USD 1 trillion in annual global healthcare costs and stands as the greatest barrier to achieving SDG Goal 3: Good Health and Well-being.
In island nations, fragile healthcare systems and tourism-dependent economies are vulnerable to external shocks, making it difficult to realize Goal 8: Decent Work and Economic Growth.

Even in central markets like the UAE, where diabetes prevalence exceeds 20%, rising healthcare costs are placing strain on national budgets.

This project addresses both the non-communicable disease (NCD) burden and the resulting economic costs, presenting a dual-impact solution that reduces treatment costs while increasing tourism income and high-value medical services.

9.2 Logical Model: A Cycle from Clinical Trials to Reinvestment

The solution follows a simple four-step cycle. First, scientific evidence is established through clinical trials **(Step 1)**. Then, successful cases of remission are accumulated to demonstrate the medical value of the treatment **(Step 2).** Next, high-end medical tourism programs are launched, offering patients the opportunity to experience remission firsthand while bringing foreign capital and employment to international hubs such as the UAE and Palau **(Step 3)**. Finally, a portion of the tourism revenue and token-based incentives is reinvested into further clinical trials and local infrastructure **(Step 4)**, creating a continuous cycle of innovation and economic growth.

This model—**"Clinical Trials → Medical Tourism → Reinvestment"**—serves as a sustainable engine to accelerate progress toward achieving the SDGs.

9.3 Inputs, Outputs, Outcomes, and Impact

Inputs include clinical trial funding, facility investments, and GDT rewards for participants. Outputs are measured in the number of cured cases, adoption of diagnostic kits, and job creation in healthcare and tourism. Outcomes involve reduced per-patient medical costs, improved quality of life (QOL), and increased revenues at medical tourism hubs in local regions and the UAE. Impact is demonstrated through measurable progress on SDGs 3 (Health), 8 (Economic Growth), 9 (Innovation), and 10 (Reduced Inequality)—showing simultaneous advancement in health, economy, innovation, and inclusion.

9.4 Monitoring, Verification, and Disclosure

Impact will be measured against international standards. Health metrics will track HbA1c normalization rates and relapse rates, while economic metrics will include medical cost savings, tourism-driven GDP, and job creation figures. A quarterly dashboard will be updated, and an annual third-party audit report will be published using frameworks such as IRIS+ and GRI. All data will be hashed and recorded on the blockchain to ensure transparency and prevent tampering or data loss—enabling public verification by anyone.

9.5 The ESG Participation Story

Curing diabetes directly tackles the USD 1 trillion medical cost crisis. At the same time, medical tourism functions as a new engine for economic growth. Holding and using GDT contributes to funding clinical trials, increasing cure cases, and revitalizing local economies.

Participants experience a new form of ESG engagement—not through speculation, but by sharing measurable social value via a transparent platform.This is the core value of the project.

9.6 Conclusion

This chapter outlines an impact framework that connects clinical evidence with tourism revenue and reinvestment. The model is designed to be evaluated from planning to implementation through SDG and ESG indicators.

Health and economic KPIs will be published via quarterly dashboards and annual third-party audits, allowing investors, regulators, and communities to measure progress with shared standards.

Through this transparency, we aim to shift the goal of diabetes treatment from “management” to “cure”, delivering measurable impact to the global market, including the UAE.

Chapter 10: Governance & Security
— A Simple and Practical Corporate Governance Framework —

10.1 Core Management Structure

Fumihisa Kojima, the issuer and operator of GDT, serves as the Chair of the Board of Directors and leads the project’s decision-making. The board holds monthly meetings to review funding plans, risk responses, and always includes the checkpoint: “Does this align with the purpose of token issuance?” to ensure strategic consistency. Day-to-day operations are handled by the CEO, but any important decisions must first be approved by the board before execution.

10.2 Fund Management and Internal Controls

All inflows and outflows of operational funds are subject to final review by Fumihisa Kojima to prevent any unplanned spending. Any balances exceeding a set threshold (approx. USD 500,000) are stored in a paper wallet, fully isolated from the internet to reduce security risks. Accounts used for daily payments are separated from long-term holdings. Transaction history is automatically recorded via a cloud-based accounting system and reported to the board on a quarterly basis.

10.3 External Audits and Information Disclosure

An independent audit firm will audit the financial statements annually based on IFRS standards. The results will be disclosed to shareholders and published on the official website.

In addition, a quarterly “Operations Report” will summarize token balances, major expenditures, and token burn activities. This ensures full transparency for investors and regulators with up-to-date information.

10.4 Cybersecurity and Token Protection

Only the minimum amount of tokens needed for daily operations will remain in hot wallets. The rest will be transferred to offline hardware wallets or paper wallets for storage. Hardware wallets will be physically secured in a vault, and any access or connection will require the presence and signatures of at least two people, including Fumihisa Kojima. To detect unauthorized on-chain transfers, a blockchain alert monitoring service will be used to issue immediate notifications in case of suspicious withdrawals. All customer and partner data will be stored in encrypted storage with strict access control, limited to only those with necessary authorization.

10.5 Summary

The governance structure outlined in this chapter is centered on Fumihisa Kojima as the issuer and operator, ensuring leadership that is independent of external interests. It is built on three pillars: multi-signature approval, external audits, and routine security checks.

This ensures a balance between fund safety and transparency, while enabling fast and accountable project management.

Chapter 12　Execution Roadmap
— 2025–2030: a step-by-step plan to scale clinical trials, business, and token together —

12.1　What we have achieved so far

Phase	Years	Main Organs / Themes	Major Findings & Significance (Key Papers)
Exploratory Phase	2003 – 2006	Metabolism, Whole Body, Peripheral Nerves	• 2003 — First evidence that bone-marrow cells can convert into β-cell-like insulin producers in the liver (*Nat Med.* 2003). • 2004 — Insulin-producing cells detected in multiple organs (*PNAS* 2004). • 2005 — Bone-marrow cells fuse with neurons, worsening diabetic neuropathy (*PNAS* 2005).
Mechanism-Elucidation Phase	2007 – 2012	Energy, Bone, Peripheral Nerves	• 2007 — Bone-marrow cells fuse with hepatocytes, secrete proinsulin, and aggravate metabolic failure (*PNAS* 2007). • 2010 — Delayed fracture healing in diabetic mice traced to dysfunctional bone-marrow–derived osteoclasts (*Bone* 2010). • 2011–12 — Bone-marrow-derived TNF-α, PARP, etc., shown to trigger neuropathy (*AJPEM* 2011; *FASEB J* 2012).
Multi-Organ Expansion Phase	2013 – 2017	Brain, Appetite, Circulation, Digestion	• 2013 — Bone-marrow cells migrate to the hypothalamus, release BDNF, and regulate appetite (*Nat Commun* 2013). • 2015 — Proinsulin-producing adipose macrophages induce insulin resistance (*FASEB J* 2015). • 2016 — Findings expanded to skin-barrier deficits and gut pacemaker loss (*PLoS One* 2016; *J Gastroenterol Hepatol* 2011).
Disease-Specific Cell Identification Phase	2018 – 2021	Kidney, Peripheral Nerves, Bone Marrow	• 2019 — Bone-marrow cells drive fibrosis in diabetic nephropathy (*FASEB J* 2019). • 2021 — CD106⁺ short-term HSCs identified as neuropathy-triggering "disease subset" (*Commun Biol* 2021).
Therapeutic Application Phase	2022 – 2024	Bone, Brain, Systemic Remission	• 2023 — Short-course HDAC inhibitor + insulin achieves complete diabetes remission and clears abnormal bone-marrow cells (*Commun Biol* 2023). • 2023 — Inflammatory bone-marrow cells shown to delay fracture healing in long-term diabetes (*BMC Musculoskelet Disord* 2023). • 2023 — Diabetes-specific microglial abnormalities in the hypothalamus linked to appetite dysregulation (*BBRC* 2023).

Biozipcode, Inc. and the research team led by Professor Hideto Kojima at Shiga University of Medical Science have shown over the past 20 years that bone-marrow-derived cells are the hidden driver of diabetes and its complications. Since the first gene-therapy report in 2003, they have demonstrated—across bone, nerve, liver, kidney, and brain—that "abnormalized bone-marrow cells cause organ damage."

After identifying the abnormal cells, they pinpointed a disease-specific subset, CD106-positive short-term hematopoietic stem cells. Today the program has reached the clinical stage where insulin + an HDAC inhibitor can “reset” these cells and bring durable remission. From 2003 to 2024, the paradigm that “diagnosing and removing abnormal bone-marrow cells is the key to curing diabetes” has been consistently validated.

12.2 Roadmap for 2025 and beyond

Year / Quarter	Medical / Business Milestones	Token / Governance Milestones
2024 Q4	‣ Completion of preclinical POC (large animal study) ‣ Prototype of DSC diagnostic kit completed	‣ Finalization of GDT token design and white paper publication
2025 Q4	‣ Start of Palau Phase IIa trial (approx. 100 participants)	‣ **Seed & Private Sale (150M GDT)** ‣ Launch of fund balance dashboard on official website
2026 Q1	‣ Interim analysis and safety confirmation of Palau trial	‣ **Public Sale-1 (100M GDT)** ‣ Launch of multi-signature treasury operations
2026 Q2	‣ Pilot operation of medical tours (Palau / UAE)	‣ **Public Sale-2 (100M GDT)** ‣ Launch of GDT staking rewards program
2027 Q1	‣ CE-IVD application for DSC diagnostic kit ‣ Start of UAE Phase IIb trial (250 participants)	‣ Start of validation using DSC diagnostic kit
2027 Q4	‣ Start of UAE Phase III trial	‣ Activation of token burn policy (burn 20% of GDT used for medical tour payments)
2028 Q2	‣ Full-scale operation of UAE retreat facility (1,000 patients/year)	‣ Target listing on Tier-1 CEX and expansion of liquidity pools
2029 Q1–Q4	‣ Start of Phase III trials in Japan and the U.S. ‣ Completion of patient enrollment and analysis for Phase III	‣ Governance update (easing voting participation requirements)
2030 Q1	‣ Submission for regulatory approval (FDA/PMDA/UAE DoH) ‣ Global launch of curative drug and diagnostic kit	‣ Consideration of expanded token use cases
2030 Q4	‣ Establishment of medical tourism system for 20,000 patients annually	‣ Launch of contributions to social impact pool

In 2024–25 we will complete pre-clinical work and secure seed/private-sale funds. In 2026–27 we will run multi-site trials in Palau, the UAE, and Japan while pilot-testing medical tourism. From 2028 we move to Phase III not only in the UAE and Japan but also in the United States, aiming for global approvals. By 2030 we plan to operate a “cure ecosystem” that welcomes about 20,000 medical-tourism guests per year.

12.3 Business expansion points

- One package: trials, diagnostics, and high-end medical tourism
  We will launch our biomarker business as soon as pre-clinical work ends, creating early revenue.
- Step from Palau to the UAE and Japan by 2026
  Running in different markets at the same time spreads regulatory risk.
- Phase III worldwide, including the US (2027–29)
  Parallel trials in the UAE, Japan, and the US will feed data into simultaneous submissions to the FDA, PMDA, and UAE DoH.
- After approval, move patients straight from “trial” to “tour”
  In the first launch year we expect 1,000 guests in the UAE; by 2030 the figure should reach 20,000, driving real demand for GDT.

12.4 Next-stage expansion

Looking ahead, we plan to apply the proven Biozipcode technology and token cycle to cancer, creating **Global Development Token ver. 2 (GDT2)**. GDT2 will be a utility token dedicated to funding R&D, paying clinical-trial costs, and joining prevention programs. By sharing governance and security frameworks with GDT1, we keep costs low and rollout simple. The diabetes cycle—**“trial → cure → medical tourism → re-investment”**—will be reused for a “zero-side-effect” cancer cure and prevention platform, creating strong synergy between GDT1 and the future GDT2.

Chapter 13　Team, Partners & Advisors — An operating structure backed by proven experts and formal partner institutions —

13.1 Core Team (profile excerpts)*

Fumihisa Kojima | Issuer & Operations Lead

Issuer-operations lead for GDT at Auring Inc. and CEO of Biozipcode, Inc. A computer engineer and bioinformatician who bridges blockchain, medical research and IT consulting. Works with Shiga University of Medical Science and the related ventures Biozipcode, Inc. and KIYAN Medical Co., Ltd. to implement and commercialize the diabetes-cure token project.

13.2 Academic & Clinical Partners

Biozipcode, Inc. (Japan)

Responsible for cell-targeted drug-delivery technology and biomarker development; manages patents and prototype production.

KIYAN MEDICAL Co., Ltd. (Japan)

An end-to-end supply system for clinical trial drugs and commercial products will be built using 5-ALA produced via fermentation and GMP-grade formulations by KIYAN PHARMA Co., Ltd.

YTT Medical Co., Ltd. (Japan)

Co-develops BNCT (boron neutron-capture therapy) devices and medical-support services, planning joint cancer-treatment research.

Senard Co., Ltd. (Japan)

Strengthens the project’s KYC/AML processes with its “minuku” anti-social-forces screening SaaS.

Studio Makyu Co., Ltd. (Japan)

System-development company in charge of creative design and operation for the

entire project, including brand design and medical-tourism content.

Palau Sambas Development Inc.
Aims to make Palau a model country for diabetes cure and a leader in advanced healthcare, while promoting a locally rooted, SDGs-aligned economic cycle.

***For information on any additional teams, partners, or affiliated institutions and companies not listed above, please refer to our official website.**

***For details on each academic or clinical partner’s teams and collaborators, please consult their respective official websites.**

Chapter 14: Legal Notice & Disclaimer

This white paper is intended solely for informational purposes regarding the Global Development Token (“GDT”) and does not constitute a prospectus or offer document for securities in any country or jurisdiction. GDT is designed as a utility token that grants access to project services such as diagnostic kit purchases and medical tourism payments. It is not intended to constitute an investment contract involving dividends or residual claims.

Appropriate legal assessments and compliance procedures will be conducted in accordance with applicable laws and guidelines in each jurisdiction (e.g., UAE SAFETy, Japan’s Payment Services Act, the U.S. Howey Test), but the final classification and scope of regulation will depend on the interpretation of the relevant authorities.

No Guarantee of Medical Efficacy or Investment Return

The treatments and diagnostic technologies under development and validation in this project are currently in clinical trial phases. No guarantee is made regarding specific medical outcomes or the absence of side effects. Likewise, no assurance or promise is made regarding the increase or decrease in GDT price or any financial return to holders. You should conduct your own risk assessment and consult appropriate professionals before purchasing or holding GDT.

Sales and Holding Restrictions

The purchase and holding of GDT may be restricted in certain jurisdictions due to economic sanctions or local crypto asset regulations. We reserve the right to reject purchases from sanctioned individuals or high-risk countries and may implement Know Your Customer (KYC) and Anti-Money Laundering (AML) procedures as needed.

Safe Harbor for Forward-Looking Statements

Any roadmaps or forecasts in this document are forward-looking statements based on information available at the time of issuance. Actual outcomes may differ significantly due to regulatory changes, market conditions, technological developments, or other factors. We are not obligated to update this white paper in response to new information or future events.

Personal Data Protection Policy

Any personal data collected during token sales or service provision will be used solely for the stated purposes and managed securely in compliance with applicable data protection laws (e.g., GDPR, Japan’s Amended Personal Information Protection Act). No personal data will be shared with third parties without the individual's consent.

Disclaimer

This white paper does not constitute legal, tax, investment, or medical advice. It also does not guarantee regulatory compliance in any specific jurisdiction.
Users and purchasers must verify applicable laws themselves and act at their own responsibility and discretion. We and our officers or employees shall not be liable for any loss or damage arising from the use of this document.

Chapter 16: Appendix

16-1. Technical Specifications

HDAC Inhibitor – A New Drug Concept to Make Diabetes Curable

The most groundbreaking discovery from Professor Kojima at Shiga University of Medical Science is the possibility that diabetes can be fundamentally cured. The key lies in hematopoietic stem cells located in the bone marrow. When exposed to high blood sugar conditions, these stem cells become abnormal, migrate to multiple organs, and damage cellular function, thereby contributing to the chronic progression of diabetes and its complications.

To address this, Biozipcode, Inc. has developed a therapeutic strategy aimed at “resetting abnormal stem cells.” The protocol involves short-term co-administration of HDAC (histone deacetylase) inhibitors with insulin. In mouse experiments, blood glucose levels remained within the normal range even after treatment was discontinued, achieving complete remission (Communications Biology 2023). In complication models such as diabetic neuropathy, symptoms were significantly improved by targeting and removing the problematic $CD106^{+}$ short-term hematopoietic stem cells.

This outcome challenges the traditional belief that diabetes must be “managed,” opening a path toward a cure by targeting hematopoietic stem cells pharmacologically. Currently, efforts are underway to translate this protocol into human clinical trials by combining it with Biozipcode™ delivery technology to develop a low-side-effect curative treatment.

Complete remission of diabetes with a transient HDAC inhibitor and insulin in streptozotocin mice

Communications Biology volume 6, Article number: 637 (2023)
https://www.nature.com/articles/s42003-023-05010-x

Malfunctioning CD106-positive, short-term hematopoietic stem cells trigger diabetic neuropathy in mice by cell fusion

Communications Biology volume 4, Article number: 575 (2021)

https://www.nature.com/articles/s42003-021-02082-5

Shiga University of Medical Science (formerly Regenerative Medicine Development Division):
https://biozipcode.org/research/biozipcode

Biozipcode, Inc.:
https://biozipcode.co.jp/research/completeremissionofdiabetes/

Biozipcode™ DDS – Targeted Drug Delivery System

Biozipcode™ is a next-generation drug delivery system (DDS) that adds a "cell-specific postal code" to drugs, enabling them to reach only the intended target cells. The mechanism is simple: among 20 types of amino acids, 7 are combined to create over 1.3 billion peptide codes (postal codes). From these, a sequence that can be uniquely recognized by the target cell is selected and tagged to the drug. Even while circulating through the bloodstream or cerebrospinal fluid, only the correct cells can "unlock" the code, preventing unwanted delivery to non-target tissues and significantly reducing side effects.

In mouse models, it has already been confirmed that even with reduced drug doses, therapeutic effects are maintained when using these postal codes. The project is now entering a phase of expanding applications—starting with diabetes treatment, and moving toward pipelines for cancer and autoimmune diseases.

Shiga University of Medical Science (formerly Regenerative Medicine Development Division):
https://biozipcode.org/research/biozipcode

KIYAN MEDICAL Co., Ltd.:
https://kiyanjp.com/business/biozipcode

About 5-ALA – A Self-Restoring Approach to Diabetes Treatment

5-ALA (5-Aminolevulinic Acid) is a naturally occurring amino acid that acts as the precursor to heme, which is essential for mitochondrial energy production. When

heme is sufficiently synthesized, the electron transport chain functions more efficiently, improving ATP generation and reducing the risk of cellular energy deficiency.

Research from Biozipcode, Inc. has shown that supplementing 5-ALA enhances mitochondrial function and exhibits epigenetic effects similar to HDAC inhibitors, helping to reset abnormally functioning hematopoietic stem cells caused by high glucose levels. When combined with insulin, this leads to sustained normalization of blood glucose levels and the potential for diabetes remission.

16-2. Glossary of Terms

Medical Terms

Diabetic Stem Cell
A Diabetic Stem Cell refers to a research term describing hematopoietic stem cells in the bone marrow that become epigenetically abnormal when exposed to high blood glucose levels.

Under normal conditions, hematopoietic stem cells produce blood cells and support tissue repair throughout the body. However, in hyperglycemic environments, the expression of histone deacetylases (HDACs) becomes dysregulated, causing these cells to transform into diabetes-specific abnormal hematopoietic stem cells. These cells circulate through the bloodstream, migrate to multiple organs such as nerves, kidneys, bones, and liver, and cause chronic inflammation and tissue damage—thereby reinforcing the persistent, “incurable” nature of diabetes.

Recent mouse studies (e.g., Communications Biology, 2023) demonstrated that short-term co-administration of HDAC inhibitors and insulin can reset these abnormal stem cells. Even after stopping the treatment, blood glucose levels remained in the normal range, resulting in complete remission.

Furthermore, in experiments targeting and removing CD106-positive short-term hematopoietic stem cells, dramatic improvement was observed in complications such as diabetic neuropathy.

In essence, "curing diabetes" means more than just lowering blood glucose—it involves normalizing the abnormal stem cells that trigger the disease and breaking the cycle of recurrence.

If similar results are confirmed in human trials, this could fundamentally transform conventional diabetes care, which relies on insulin injections and complication management, and would represent a major breakthrough in the field.

Biozipcode™

Biozipcode™ is a peptide-based drug delivery technology that attaches a "cell-specific postal code" to drugs or diagnostic probes, enabling them to reach only the intended target cells.

From combinations of 20 amino acids, seven-digit sequences are designed—yielding over 1.3 billion theoretical combinations—and a code is selected that can be uniquely recognized by the target cell.

When a drug or probe is tagged with this code, it circulates through blood or cerebrospinal fluid without interacting with other tissues. Once it reaches the target cell, membrane receptors recognize the code and initiate uptake.
As a result, the system maximizes therapeutic efficacy while minimizing side effects.

Currently, the technology is being explored for multiple applications, including curative therapies for diabetes (via abnormal hematopoietic stem cell reset), low-toxicity cancer and autoimmune disease treatments, and high-precision biomarker detection.

HbA1c (Hemoglobin A1c)

The proportion of hemoglobin that is non-enzymatically glycated by glucose; it reflects the average blood-glucose level over the past 8–12 weeks. Used worldwide for diagnosing diabetes and monitoring therapy because it is less affected by short-term fluctuations than spot glucose tests. Levels ≥ 6.5 % are generally considered diabetic.

HDAC (Histone Deacetylase)

An enzyme family that removes acetyl groups from histone tails, condensing

chromatin and repressing gene transcription. Aberrant HDAC activity is implicated in cancers, metabolic disorders, and neurodegeneration. Pharmacological HDAC inhibitors are approved for several malignancies and explored in diabetes research.

DDS (Drug Delivery System)

Any technology that optimizes the transport of therapeutic agents to their intended site of action while limiting off-target exposure. Approaches include controlled-release matrices, liposomes, antibody–drug conjugates, and peptide tags. The goal is to maximize efficacy and minimize adverse effects.

Hematopoietic Stem Cell

A multipotent stem cell residing mainly in bone marrow that gives rise to all blood lineages. It self-renews throughout life. Chronic hyperglycemia alters its epigenetic landscape, producing dysfunctional progeny that contribute to diabetic complications.

Beta Cell

An insulin-secreting endocrine cell located in the pancreatic islets of Langerhans. It senses rising blood glucose and releases insulin, thereby maintaining glucose homeostasis. Autoimmunity, lipotoxicity, and oxidative stress damage β-cells, leading to diabetes.

Insulin Resistance

A diminished cellular response to insulin in muscle, liver, and adipose tissue. More insulin is required to achieve the same metabolic actions, resulting in hyperglycemia and compensatory hyperinsulinemia. Obesity-associated inflammation is a primary driver.

Diabetic Neuropathy

A chronic complication in which prolonged hyperglycemia damages peripheral nerves, causing numbness, pain, and autonomic dysfunction. It increases ulceration and amputation risk. Emerging evidence links aberrant bone-marrow-derived cells to its pathogenesis.

Diabetic Nephropathy

Progressive kidney damage characterized by glomerular basement-membrane thickening and proteinuria. It can culminate in end-stage renal disease. Tight

glycemic and blood-pressure control slow progression; bone-marrow-derived inflammatory cells may accelerate fibrosis.

Diabetic Complications

Collective term for organ damage caused by chronic hyperglycemia, including retinopathy, neuropathy, nephropathy, and cardiovascular disease. Early detection and integrated management are essential for preserving quality of life.

Epigenetics

Heritable changes in gene expression not involving DNA sequence alteration. Key mechanisms are histone modification and DNA methylation. Environmental factors modulate epigenetics, influencing diabetes, cancer, and aging; reversibility makes it a therapeutic target.

HDAC Inhibitor

A compound that selectively blocks HDAC activity, relaxing chromatin and reactivating silenced genes. Several are FDA-approved anti-cancer drugs; in diabetes models they reprogram aberrant hematopoietic cells and restore metabolic control.

5-Aminolevulinic Acid (5-ALA)

A natural amino acid that is the first precursor of heme biosynthesis in mitochondria. Supplementation boosts mitochondrial function and exhibits HDAC-like epigenetic modulation. Clinically used in photodynamic diagnosis; studied as a low-toxicity antidiabetic agent.

Mitochondria

Intracellular organelles that generate ATP via oxidative phosphorylation. They also regulate apoptosis and innate immunity. Dysfunction is central to metabolic, neurodegenerative, and cardiovascular diseases.

ATP (Adenosine Triphosphate)

The universal "energy currency" of the cell. High-energy phosphate bonds power biosynthesis, muscle contraction, and active transport. Synthesized predominantly in mitochondria.

Diabetes Mellitus

A group of metabolic disorders characterized by chronic hyperglycemia due to insulin deficiency or resistance. Classified into type 1, type 2, and others. Global prevalence imposes a heavy economic and healthcare burden.

Macrophage

A phagocytic leukocyte that orchestrates innate immunity and tissue remodeling. In obesity and diabetes, adipose-tissue macrophages secrete cytokines that promote insulin resistance.

Good Manufacturing Practice (GMP)

Regulatory guidelines that ensure pharmaceutical products are consistently produced and controlled to quality standards, minimizing contamination, mix-ups, and errors.

Clinical Trial

A human research study designed to evaluate the safety and efficacy of medical interventions. Governed by ethical committees and regulatory authorities; data support marketing approval.

Phase I / II / III

Sequential stages of clinical trials: Phase I assesses safety in small groups; Phase II explores dosing and preliminary efficacy; Phase III confirms benefit–risk in large populations for regulatory submission.

Adverse Event

Any undesirable medical occurrence during treatment that is not necessarily causally related. Frequency and severity inform risk–benefit assessment of a therapy.

Remission

A state in which disease signs and symptoms disappear or are reduced below diagnostic thresholds. In diabetes, complete remission denotes normoglycemia without treatment for an extended period.

Biomarker

A measurable indicator of biological state or condition used for diagnosis, prognosis, or therapeutic monitoring. Can be genetic, proteomic, or metabolic.

Cell Fusion

The merging of two or more distinct cells into one entity sharing cytoplasm and often nuclei. Physiological in development but can contribute to pathology, such as nerve damage in diabetes.

CD106-positive Cell

A subset of hematopoietic stem cells expressing the adhesion molecule VCAM-1 (CD106). In diabetic mice these cells become dysfunctional and drive neuropathy, making them a potential therapeutic target.

Medical Tourism

Travel undertaken to receive medical treatment, often combined with leisure activities. Offers cost savings or access to specialized care, generating economic benefits for host regions.

Pandemic

A global outbreak of an infectious disease affecting large populations across multiple countries. People with chronic diseases like diabetes have heightened risk of severe outcomes.

Crypto Asset Terms

Utility Token

A blockchain-based token that grants access to specific services—such as paying platform fees, unlocking premium features, or settling medical-tour payments—without conferring dividends or voting rights. Its value is driven mainly by actual demand and limited supply; regulatory frameworks usually treat it as non-security when properly structured.

Security Token

A digital asset representing an investment contract with profit-sharing or ownership claims, similar to stocks or bonds. Issuers must comply with securities regulations—prospectus filing, investor limits, and disclosure—despite using blockchain for transfer and custody.

Stablecoin

A cryptocurrency pegged to fiat money, commodities, or algorithmic reserves to maintain a steady price. It enables low-volatility payments and remittances but relies on transparent reserve management and credible auditors to sustain market trust.

Centralized Exchange (CEX)

A company-operated trading platform that holds order books and user funds. It offers fast execution, fiat gateways, and customer support, but users face counter-party risk if the exchange is hacked or insolvent.

Decentralized Exchange (DEX)

A trustless marketplace where smart contracts match trades directly from users’ wallets. Custody remains with traders, reducing counter-party risk; however, on-chain transactions can be slower and interfaces less intuitive than CEXes.

Burn

The permanent destruction of tokens by sending them to an irretrievable “dead” address. Reduces circulating supply and may support price by increasing scarcity; often funded by protocol fees or revenue.

Staking

Locking tokens for a set period to secure a network or supply liquidity, earning rewards or yield in return. Similar to earning interest, yet withdrawals can be time-restricted and subject to market volatility.

Know Your Customer (KYC)

A compliance process requiring exchanges or issuers to verify a customer's identity—typically via passport and selfie—to deter fraud, money laundering, and sanctions evasion.

Anti-Money Laundering (AML)

A legal framework mandating transaction monitoring, suspicious-activity reporting, and risk controls to prevent illicit funds from entering the financial system, including the crypto sector.

Travel Rule

A FATF guideline obliging virtual-asset service providers to share sender and recipient information for transfers above ~USD 1,000, mirroring SWIFT data fields in traditional wire transfers.

Hardware Wallet

A physical device that stores private keys offline and signs transactions only when connected. Offers strong protection against malware and phishing because keys never leave the secure element.

Paper Wallet

A printed sheet containing a private key and QR code, allowing cold storage without electronics. Immune to cyberattacks but vulnerable to fire, water, or loss; must be generated securely.

Liquidity Pool

A smart-contract vault where users deposit token pairs that an automated market maker uses to quote prices. Providers earn fees but face impermanent loss if prices diverge.

Tokenomics
The overall economic design of a token: total supply, distribution, emission schedule, burn mechanics, and incentives. Sound tokenomics balance scarcity with utility to sustain a project’s ecosystem.

White Paper
A comprehensive document outlining a project’s vision, technology, economic model, and risks. It guides potential users, investors, and regulators in evaluating feasibility and compliance.

Private Sale
A pre-launch fundraising round where tokens are sold at a discount to selected investors. Typically involves vesting schedules to align incentives and prevent immediate market dumping.

16-3. Resources & Contact Information

Official Resources
Official Website: https://gdt-token.com/
Research on Diabetes Cure: https://biozipcode.co.jp

Contact Point
Biozipcode Group Investor Relations
Email: ir@gdt-token.com
Project Lead: Fumihisa Kojima

About Biozipcode Group
The Biozipcode Group is a project team led by Biozipcode, Inc. (Japan), composed of multiple affiliated companies and institutions involved in medical research, pharmaceutical development, business implementation, international collaboration, and token operations. Research and development are carried out in partnership with academic institutions in Japan, while manufacturing and implementation are handled by partner companies in the UAE, Japan, the United States, and Palau. The token is issued by Auring Inc., a corporation registered in the British Virgin Islands (BVI).

This appendix is intended to provide investors, partners, and regulatory authorities with the essential information needed to understand and participate in this project. For the latest updates, please visit our official website and social media channels.