

PROJECT TITLE:	
PROJECT ID:	
CHIEF INVESTIGATOR:	
ADMINISTERING ORG:	

A. INVESTIGATORS

- I have read and understood the Instructions to Applicants.
 I have read and accept the Terms and Conditions of Funding.

Electronic signatures / images are acceptable.

1. CI Name:			
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Signature:		Date:	
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2. Name:			
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Signature:		Date:	
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3. Name:			
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Signature:		Date:	
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4. Name:			
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Signature:		Date:	
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5. Name:			
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Signature:		Date:	
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6. Name:			
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Signature:		Date:	
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7. Name:			
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Signature:		Date:	
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8. Name:			
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Signature:		Date:	
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9. Name:			
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Signature:		Date:	
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10. Name:			
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Signature:		Date:	
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11. Name:			
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Signature:		Date:	
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B. CERTIFICATION BY HEAD OF DEPARTMENT:

I certify that this project is appropriate to the general facilities in my Department, with all safety requirements satisfied, and that I am prepared to have the project carried out in my Department.

Name:			
Position title:			
Signature:		Date:	

C. CERTIFICATION BY HEAD OF ORGANISATION:

I have read and accept the Terms and Conditions of Funding.
 I certify that this project satisfies all the requirements of this Organisation and that the classifications quoted for personnel are in accordance with practice at this Organisation.

Name:			
Position title:			
Signature:		Date:	