

SIGNATORY PAGE • MEDICAL RESEARCH GRANT

(Please complete as a requirement for the online application)

AUTHORIZATION/SIGNATURES

DATE

A

APPLICANT FULL NAME

SIGNATURE

CO-APPLICANT FULL NAME

SIGNATURE

CO-APPLICANT FULL NAME

SIGNATURE

B

UNIVERSITY: DEPARTMENT OF

CHAIRMAN FULL NAME

SIGNATURE

UNIVERSITY: FACULTY OF

DEAN OR VICE-DEAN FULL NAME

SIGNATURE

C

HOSPITAL OR UNIVERSITY/HOSPITAL RESEARCH INSTITUTE

DIRECTOR OR HEAD FULL NAME

SIGNATURE

D

OFFICE OF RESEARCH ADMINISTRATION

DIRECTOR OR HEAD FULL NAME

SIGNATURE

PHONE NUMBER

E-MAIL ADDRESS

E

INSTITUTION'S REGISTERED CHARITABLE BUSINESS NUMBER