**Grant/2019/PHC/9500**

**Annex E - Authorised signatory form**

**Address and contact details for this grant**

|  |  |
| --- | --- |
| Name of Applicant (institution/organization) |  |
| Address |  |
| Post Code |  |
| City |  |
| Country |  |
| Tel |  |
| Contact person for this Framework Partnership Agreement  First name, Surname: Email: |  |
| Authorised Signatory for the purpose of the agreement (and any associated amendments)  First name, Surname: Function: Email: | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If delegated:  Authorised Delegated Signatory for the purpose any subsequent agreements (and any associated amendments)  First name, Surname: Function: Email: | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional delegate (if applicable):  Authorised Delegated Signatory for the purpose any subsequent agreements (and any associated amendments)  First name, Surname: Function: Email: | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |