**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 AgreementFirst 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |