



## MUNDIPHARMA APPLICATION FORM FOR REQUESTING A GRANT OR DONATION

Mundipharma is proud to provide Grants and Donations in the form of financial support or Company products for activities that further our Guiding Principle to deliver better, faster and more impactful solutions for patients, namely those that:

- Advance medicine and healthcare,
- Educate the public on diseases and medical conditions related to Mundipharma products,
- Support other philanthropic and charitable causes that ultimately benefit patients; and
- Strengthen the communities in which we operate.

*You understand and acknowledge that by submitting a request for a grant or donation that this is no guarantee of a funding commitment by Mundipharma, as an internal review and approval process must still take place. You will be notified of the outcome of your request via email within 30 days.*

<b>Requestor details: Primary Contact</b>	
Note: you must be authorised to request funding on behalf of your Organisation.	
Name	
Position Title	
Email	
Phone Number	

  

<b>Requestor details: Organisation Details</b>	
Enter the details of the Organisation who will be the recipient of funding and issuing an invoice to Mundipharma	
Organisation Legal Name	
Company identifier or business number	
Country	
Business Address	
Website, if applicable	
Contact Details	
Email of contact person	
Description about Organisation	
Is the Organisation a registered charity? (if yes, please provide details)	



Request details	
Type of Request (please select)	Educational Grant Research Grant/scientific advancement Patient support or education Charitable donation Product Donation  Other: _____
Therapeutic area	
Name or Title of Proposal	
Purpose of grant or donation <i>(please summarise the details here and upload any further documents in relation to proposals below)</i>	
List the main deliverables and outcomes of the proposal	
Anticipated start date	
Anticipated end date	
Amount of financial support requested (include Currency)	
Please provide a breakdown of details of how the financial support will be used  (or provide as an attachment)	



Please provide details of any other support requested or previously requested from Mundipharma	
Total cost anticipated for the Organisation to complete the proposal	
Are there any main stakeholders involved in this proposal, if so please list (eg. other researchers, hospitals, health associations)	
Have you or will you receive any support from other sponsors or sources for this proposal. If yes, please provide list of other sponsors	

<b>ADDITIONAL INFORMATION OR DOCUMENTS</b>	
Letter of request (please attach)	
Business Identification support such as certificate of registration (please attach)	
Supporting documentation including full details of the proposal and further budget breakdown (please attach)	
Please provide any further information that you consider may be useful to your request	



## DECLARATION

I declare that I am an authorised representative of the Organisation who is permitted to submit this application on behalf of the Organisation.

I consent to Mundipharma collecting my personal information for the purposes of administering this application.

If approved for funding, the Organisation will be required to enter into an Agreement with Mundipharma to document the level of support and terms of support.

Signed: \_\_\_\_\_ Date

**EMAIL THE COMPLETED FORM AND ATTACHMENTS TO:**  
**[RequestSupport@Mundipharma.com](mailto:RequestSupport@Mundipharma.com)**

### For Internal use only

Local comments

Review Outcome

Approved  
Declined  
Request further information  
\_\_\_\_\_