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| **REQUEST TO CLOSE A RESEARCH PROJECT ACCOUNT**  **AND**  **TRANSFER BALANCE TO HEALTH NZ SOUTHERN GROUP ACCOUNT** |

*To close a Research Project Account, you must identify which Group Account the fund balance needs to be transferred to.*

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| * ***Please close this Research Account:*** | | | | | |
| Research Project Account Name: | | | | |  |
| Account Number: | | **CF** | | | |
|  | | | | | |
| * ***And transfer balance of funds to:*** | | | | | |
| Research Group Account Name: | | | | |  |
| Account Number: | | **CF** | | | |
|  | | | | | |
| ***Authoriser details:*** | | | | | |
| Name of Authoriser: | | |  | | |
| Signature: |  | | | | |
| Email address for return of form: | | | |  | |

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| ***Special instructions/comments*** |
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⇨ *Please return completed form to:* [*hrs@otago.ac.nz*](mailto:hrs@otago.ac.nz)

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|  | | | | |
| **Completed By:** | |  | | |
| **Signature:** |  | | **Date:** |  |
|  | | | | |

For more information, please see the guidelines *“Managing Research Project Accounts and Research Group Accounts held by Southern District Health Board”*<https://www.otago.ac.nz/oms/otago672969.docx>.