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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: |  |

|  |
| --- |
| ***Special instructions/comments*** |
|  |
|  |
|  |

⇨ *Please return completed form to:* *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>.