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| REQUEST to open a Health nz SouthernResearch Project Account |

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| Project  |
| Project Title: |  |
| Account Name *(max 30 characters)*: |  |
| Is Invoice recipient registered for GST? Yes [ ]  No[ ]  *(Check Schedule 2 of CTRA or ask HRS)* |
| Sponsor/CRO/Funder: |  |
|  |
| Health NZ Southern approval to set up account |
| Directorate: |  |
| Service: |  |
| Research Group: |  |
| Service Manager: |  |
| Service Manager Signature: |  | Date: |  |
|  |
| Contacts |
| 1)Account Holder: |  |
| Phone No: |  | Email: |  |
| Signature: |   | Date: |  |
| 2)Authoriser (if different from Account Holder): |  |
| Phone No: |  | Email: |  |
| Signature: |  | Date:  |  |
| 3)Account queries to be sent to: |  |
| Phone No: |  | Email: |  |
|  |
| Monthly Report to be sent to: |
| Email #1: |  |
| Email #2: |  |
| ⇨***Please complete all the details above and send to*** *hrs@otago.ac.nz* |
|  |
| Research Project Account Number: |  | Date set up: |  |
| Name:  |  | Signature: |  |
|  |  |  |

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>.