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| **REQUEST TO CHANGE AUTHORISER ON HEALTH NZ SOUTHERN****RESEARCH GROUP OR PROJECT ACCOUNT** |

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|  |
| Research Account Name(s): |  |
| Account Number(s): |  |
| Current Authoriser: |  |
| Signature of Current Authoriser or PI: |  |
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|  |
| **Please add the following as authoriser(s):** |
| Name (1): |  | Signature of Authoriser: |  |
| Email: |  |
|  |
| Name (2): |  | Signature of Authoriser: |  |
| Email: |  |
|  |
| **Are all current authorisers remaining?** [ ]  **Yes OR**  |
|  |
| **Please remove the following as authoriser(s):** |
| Name (1): |  |
| Signature of Authoriser to be removed: |  |
|  |
| Name (2): |  |
| Signature of Authoriser to be removed: |  |
|  |
| **Change other Account details** |
| 1) Name of Account Holder: |  |
| Phone No: |  | Email:  |  |
| Signature: |  | Date:  |  |
| 2) 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 forward to Health Research South, attn: Research Administrator via* *hrs@otago.ac.nz*

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| Changes completed by:  |  |
| Date set up: |  |
| 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>.