APPLICATION FORM

BENCH FEE FOR KWF-FELLOWS

(only applicable for fellows NOT employed by a Dutch institute)

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Details of principal supervisor** | | | |
| Name: |  | | |
| Institute: |  | | |
| Address: |  | | |
| Postal code and city: |  | | |
| Country: |  | | |
| Email: |  | | |
| Name of Bank: |  | | |
| Location of bank:  City and Country |  | | |
| Number of Bank account: |  | | |
| IBAN number |  | | |
| BIC/SWIFT code |  | | |
|  | | | |
| **2. Details of KWF-fellow** | | | |
| Name: |  | | |
| Projectnumber: |  | | |
| Period of visit[[1]](#footnote-1): | from       till       (      months) | | |
|  |  | | |
| **3. Authorised signature** |  | | |
|  | Name | Date | Signature |
| Principal Supervisor |  |  |  |
|  |  | | |

Please return the completed form by email to the Dutch Cancer Society

(Email: [bestedingen@kwf.nl](mailto:bestedingen@kwf.nl)).

1. The bench fee will be calculated based on the number of months the KWF-fellow is working in your institute during his/her KWF-fellowship. When the fellow is not working full time, the bench fee will be adjusted to ratio. [↑](#footnote-ref-1)