APPLICATION FORM

BENCH FEE FOR KWF-FELLOWS

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

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| --- |
| **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).

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)