Immunocore Limited is committed to responding to reasonable, proportional and genuine requests for support from healthcare organisations, academia and patient organisations for educational, research or employment grants and the donation or sponsorship of equipment for the betterment of patients.

The following conditions apply:

* Immunocore must receive a written request for the specific type of support provided which specifies all the information requested in this application form.
* Immunocore must receive sufficient information to establish that there is a genuine need for support, and that any such support will not offset the routine practice costs of the recipient.
* Financial support will never be paid directly to an individual.
* Immunocore’ consideration of requests for support in no way considers past, current, or future prescribing, supply, or use of a Immunocore product.
* A signed written agreement must be in place in advance of the commencement or provision of any support.
* Immunocore may request confirmation that support has been used as intended.
* Immunocore is committed to the disclosure of transfers of value as per the requirements of the applicable national industry code, EFPIA Code (Europe only) and PhRMA Code (US).

Please complete this form with as much information as possible in order for us to consider your request.

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| --- |
| Specific details as to the support that is being requested in so far as it is currently known (including estimated total costs, specific funding amount requested and duration of support) |
|  |
| The objective for receiving support |
|  |
| How will this support benefit healthcare, scientific research or education? |
|  |
| What is the cash value of support being requested from Immunocore? (if not described above) |
|  |
| Have you requested support from other sources for this item / activity? If so, please describe here including whether aid has been committed or responses have not yet been provided. |
|  |

Declaration of Involvement:

|  |
| --- |
| Do you have a prior or existing relationship with Immunocore or any of its employees (either professional or personal)? |
| Yes [ ] No [ ] If yes, please describe the nature of this relationship: |

External Party Certification

* I am duly authorised representative of the organisation named below;
* The information I have provided is true and complete to the best of my knowledge;
* I understand that Immunocore will rely on this information in deciding whether to provide a grant or donation support to the organisation;
* I consent to Immunocore storing and transferring this information in accordance reviewing, assessing, and if relevant, fulfilling this request;
* Immunocore may publicly disclose any information relating to a grant or donation support that Immunocore may pay to the requesting organisation, including the date on which the grant or donation is provided, the amount of the grant or donation, the organisation receiving the support, and the purpose for which the support is being provided;
* I confirm that Immunocore’s support will be declared wherever and whenever appropriate;
* I confirm that I will retrospectively verify that support has been used for the purposes for which it was provided within the pre-defined period.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name (print name)** | **Title (print title)** | **Organisation** | **Signature and Date**(DD/MMM/YYYY) |
|  |  |  |  |