

APPLICATION FORM – DONATION – H. LUNDBECK A/S

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| <p>Date: (yyyy/mm/dd)</p> | |
| <p>Name of applicant organisation and type of organisation: (E.g.: Patient organisation, medical/ scientific association, university, local community initiative, etc.)</p> | |
| <p>Address of applicant: (Physical address)</p> | |
| <p>Contact person's full name, phone number and email address:</p> | |
| <p>Type of support requested: (Financial donation, in-kind donation, etc.)</p> | |
| <p>Purpose and scope of the requested support: (Thorough description - to verify if Lundbeck can support the purpose and also to understand the scope of activities.)</p> | |
| <p>Time frame of the activity: (A "one-off" activity or support over a limited time period, etc.)</p> | |
| <p>Value of the donation applied for - detailed budget breakdown: (I.e. financial support excl. VAT, in-kind or non-financial contribution with its estimated value.)</p> | |
| <p>Other information or supporting documentation that the applicant deems important for the application: (Please attach documents to the application if necessary)</p> | |