**INSTRUMENT REQUEST FORM**

Please complete one form **per instrument type** with signature and submit it by e-mail to:

MEDEA Project Coordinator Dr. Kristin Kiesow to [**kristin.kiesow@ptb.de**](mailto:kristin.kiesow@ptb.de)

**Latest Submission by 31 May 2016**

**Information of Applicant**

|  |
| --- |
| Organization: |
| Address: |
| Title: Ms.  Mr.  Given Name:        Surname: |
| Position: |
| Email: |
| Telephone: |
| Name of Director: |

**Information of Instrument you like to receive**

|  |
| --- |
| Identify number/s and instrument type/s |
| S/No. |
| Instrument type: |
| Donor Organization NMIA |
| Cost of Transfer  by recipient    need some MEDEA support    need full MEDEA support |

**Explain why you need these instrument/s and what benefits they will offer to your economy:**

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|  |

**Explain how these instruments will increase revenue from calibration or verification services.**

Continued on the following page

**Terms and Conditions:**

The instrument being donated to recipient will be:

1. Installed in recipient’s institute and exclusively used for metrological purposes / businesses by recipient at all times.
2. Strictly banned for uses in military purposes.
3. Not allowed to transfer to any other organization / institute without approval of donor.
4. Installed & maintained properly in a professional manner at our costs and all the necessary safety, security and import control measures have been met and put in place before the receipt of the instrument.
5. Taken into custody with due care as a prudent manager.
6. Not discarded without the prior written notice to donor and Instrument Bank Secretariat.

**I have read and understand the above Terms and Conditions.**

|  |  |  |  |
| --- | --- | --- | --- |
| BY: |  | BY: |  |
|  | Signature of Contact Person |  | Signature of Authorized Representative |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Date: |  |

To be used by Instrument Bank Secretary:

Date received:

Application No：

Comments: