

Instructions

- Please submit your proposal in English, by e-mail to the relevant Regional Business Ethics Officer/Manager:
 - Americas donationsamericas@molnlycke.com
 - APAC donationsapac@molnlycke.com
 - Europe donationseurope@molnlycke.com
 - MEA donationsmea@molnlycke.com
 - Other donations@molnlycke.com
- Please note there is no guarantee that all of the amount requested will be granted. Mölnlycke may reject, approve in full or approve a lower amount at its absolute discretion.
- The completed and signed form including all required supporting documents must be submitted.
- You will receive an automatic reply message, as a confirmation that we have received your request.

Applicant information

Full name	
Operational/legal status	
Tax ID	
Address	
Description of organisation <i>(i.e. government/authority/NGO/not for profit organisation/charitable organisation/public hospital/private hospital/patient organisation)</i>	
Website	
Head of organisation	Full name: Position:
Contact person submitting the request	Full name: Position: E-mail:

Donation request details

Type of Crisis	<input type="checkbox"/> Armed conflicts <input type="checkbox"/> Epidemic <input type="checkbox"/> Famine <input type="checkbox"/> Natural disasters <input type="checkbox"/> Complex emergency (i.e. where multiple crises overlap) <input type="checkbox"/> Other:
Provide information on the Crisis	

Type of Donation	<input type="checkbox"/> Financial donation <input type="checkbox"/> Product donation <input type="checkbox"/> Other:
Therapeutic or diagnostic areas	
Country(s) for which the donation is intended	
A detailed description for the reason and purpose of the request <i>(include information on the link between the use of the Donation and the Crisis)</i>	
Requested products (for product donation)	
Type of product(s) and quantity of such product(s) requested from Mölnlycke	
Requested amount (for financial donation)	
Amount of funding requested from Mölnlycke (in EUR)*	
Previous donation support	
Has the organisation already applied for or received donation(s) from Mölnlycke before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", please indicate the amount, date and purpose of the requested/awarded donation?	
Remarks	
Attachments:	
<input type="checkbox"/> Descriptions/Plans/Agendas <input type="checkbox"/> Other:	
By signing this form, I declare that: <ul style="list-style-type: none"> ▪ This form was completed on behalf of the requesting organisation; ▪ The information provided in this form and the attachments are true and accurate; and ▪ Any donation provided by Mölnlycke in conjunction with this request will only be used as set out herein. 	

Date	
Name and title	
Signature ¹	

¹ For internal requestors, no signature needed