

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 any amounts 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

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

Donation request details

Type of donation	<input type="checkbox"/> Financial donation <input type="checkbox"/> Product donation <input type="checkbox"/> Other:
Relevant therapeutic or diagnostic areas	
Country(s) for which the donation is intended	
Area in which the above country(s) is located	<input type="checkbox"/> Americas <input type="checkbox"/> APAC <input type="checkbox"/> Europe <input type="checkbox"/> MEA <input type="checkbox"/> Other:

A detailed description for the reason and purpose of the request	
Type of product(s) and quantity of such product(s) requested from Mölnlycke	
Amount of funding requested from Mölnlycke (in EUR)	

Previous donation support	
Has the applicant organisation already applied for a donation from Mölnlycke or received a donation 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 (if any)	
Attachments:	
<input type="checkbox"/> Descriptions/Plans/Agendas <input type="checkbox"/> Other:	
<p>By signing this form, I declare that:</p> <ul style="list-style-type: none"> ▪ This form was completed on behalf of the applicant organisation; ▪ The information provided in this form and the attachments are true and accurate; ▪ Any donation provided by Mölnlycke in conjunction with this request will only be used as set out herein; and ▪ Any donation provided by Mölnlycke in conjunction with this request will only be used for charitable purposes. 	
Date	
Name and title	
Signature ¹	

¹ For internal requestors, no signature needed