

APPLICATION FORM

REQUEST TO THE SWISS KIDNEY FOUNDATION






TITLE PROJECT EVENT	
AMOUNT	➔ Amount requested in CH

APPLICANT'S DETAILS <i><u>All</u> fields are mandatory</i>		
Title/Form of address		
First name		
Surname		
Address		
Place, postcode		
Mobile/Landline		
E-mail		

Send to:
Schweizerische Nierenstiftung
 Postfach 754 - CH-3076 Worb b. Bern
 Tel + 41 31 711 24 61
 E-mail: sekretariat@nierenstiftung.ch
 Web: www.nierenstiftung.ch

Information required for requests for **Up** to CHF 10,000

CHECKLIST (PLEASE SUBMIT A SEPARATE DOCUMENT FOR EACH POINT)

- [] Application form 
- [] Letter for the attention of the SKF Foundation Board, with an explanation of the particular reference  to the Kidney Foundation
- [] **Brief description** of the project (max. two sides A4) 
- [] Project budget with preferred payment date 
- [] Bank account details, including  IBAN

The application will not be considered if the documents submitted do not comply with the checklist.

By submitting this application, I consent to the project/event being published on the SKF website if the application is successful.

Date:

Applicant's first name and surname
