HRS ID:

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| **REQUEST TO CHANGE AUTHORISER ON TE WHATU ORA - SOUTHERN**  **RESEARCH GROUP OR PROJECT ACCOUNT** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Research Account Name(s): | | | | | | |  | | | | | | | | | | |
| Account Number(s): | | | | | |  | | | | | | | | | | | |
| Current Authoriser: | | | | |  | | | | | | | | | | | | |
| Signature of Current Authoriser or PI: | | | | | | | | |  | | | | | | | | |
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| **Please add the following as authoriser(s):** | | | | | | | | | | | | | | | | | |
| Name (1): | | |  | | | | | | | | Signature of Authoriser: | | | |  | | |
| Email: |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Name (2): | | | |  | | | | | | | | Signature of Authoriser: | |  | | | |
| Email: |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Are all current authorisers remaining?  Yes OR** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Please remove the following as authoriser(s):** | | | | | | | | | | | | | | | | | |
| Name (1): | | | |  | | | | | | | | | | | | | |
| Signature of Authoriser to be removed: | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Name (2): | | | |  | | | | | | | | | | | | | |
| Signature of Authoriser to be removed: | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Change other Account details** | | | | | | | | | | | | | | | | | |
| 1) Name of Account Holder: | | | | | | |  | | | | | | | | | | |
| Phone No: | | | |  | | | | Email: | |  | | | | | | |
| Signature: | | | |  | | | | | | | | | Date: | | |  | |
| 2) Account queries to be sent to: | | | | | | | |  | | | | | | | | | |
| Phone No: | | | |  | | | Email: | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Monthly Report to be sent to:** | | | | | | | | | | | | | | | | | |
| Email #1: | |  | | | | | | | | | | | | | | | |
| Email #2: | |  | | | | | | | | | | | | | | | |

⇨ *Please complete all the details above and forward to Health Research South, attn: Research Administrator via* [*hrs@otago.ac.nz*](mailto:hrs@otago.ac.nz)

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| Changes completed by: | |  | |
| Date set up: |  | | |
| Signature: |  | | |
|  | | |  |

For more information, please see the guidelines *“Managing Research Project Accounts and Research Group Accounts held by Southern District Health Board”*<https://www.otago.ac.nz/oms/otago672969.docx>.