

## ADMINISTERING INSTITUTION REGISTRATION FORM

### Administering Institution Details

#### 1 Institution Name

#### 2 Institution Type

Hospital

Government

Research

University/Teaching

Other

#### 3 Switchboard Phone No

#### 4 ABN

**GST REGISTERED:** Y / N

**RCTI:** Y / N

#### 5 Bank Details

**Bank Account Name**

**Initials**

**Joint Initials**

**Bank Type**

Bank

Building Society

Credit Union & Other

Miscellaneous

**BSB Number**

**Account Number**

NHMRC Administering Institution Registration Form

**Research Office Address Details**

**6 Postal Address**

Address (Line 1)

Address (Line 2)

Suburb/Town

State

Postcode

**7 Courier Address**

As Above

Street Address (Line 1)

Street Address (Line 2)

Suburb/Town

State

Postcode

**Research Administrative Officer Details**

**8 Personal Details**

Title

Given Name

Family Name

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Date of Birth

Work Phone

Facsimile

Email

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

**9 Postal Address**

Same as Institution Postal Address

Address (Line 1)

Address (Line 2)

Suburb/Town

State

Postcode

# NHMRC Administering Institution Registration Form

**10 Courier Address**      **As Above**

Street Address (Line 1)

Street Address (Line 2)

Suburb/Town

State

Postcode

**Responsible Officer Details**      Same as Research Administrative Officer Details

## 11 Personal Details

Title

Given Name

Family Name

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Date of Birth

Work Phone

Facsimile

Email

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

**12 Postal Address**      **Same as Institution Postal Address**

Address (Line 1)

Address (Line 2)

Suburb/Town

State

Postcode

**13 Courier Address**      **As Above**

Street Address (Line 1)

Street Address (Line 2)

Suburb/Town

State

Postcode

NHMRC Administering Institution Registration Form

**Finance Officer Details**      **Same as Research Administrative Officer Details**

**14 Personal Details**

| Title                | Given Names          | Family Name          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Date of Birth        | Work Phone           | Facsimile            | Email                |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**15 Postal Address**      **Same as Institution Postal Address**

Address (Line 1)

Address (Line 2)

Suburb/Town

|                               |                                  |
|-------------------------------|----------------------------------|
| State<br><input type="text"/> | Postcode<br><input type="text"/> |
|-------------------------------|----------------------------------|

**16 Courier Address**      **As Above**

Street Address (Line 1)

Street Address (Line 2)

Suburb/Town

|                               |                                  |
|-------------------------------|----------------------------------|
| State<br><input type="text"/> | Postcode<br><input type="text"/> |
|-------------------------------|----------------------------------|

You have reached the end of the Administering Institute Registration Form.

**Please return this form to:**

NHMRC  
GPO Box 9848,  
Canberra ACT 2601

OR electronically to: [grantnet.help@nhmrc.gov.au](mailto:grantnet.help@nhmrc.gov.au)