

PROPOSAL FORM FOR EXTENSION OF GMAC ENDORSEMENT

New GMAC Ref No.: _____
Cited GMAC Ref No.: _____
(For official use only)

Name of Scientist(s) : _____

Name of Institution : _____

Extension of GMAC Endorsement

For extension of GMAC endorsement, please provide the following details: i. GMAC Reference Number of previous proposal : _____ ii. Extension Period (please check the appropriate box): <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years I, _____ state that there is no changes in the purpose, genes of interest, vectors and protocols that was previously submitted and endorsed by GMAC.
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Prepared by:

_____	_____	_____
Name and Signature	Appointment / Laboratory	Date
Contact Details		
Address :	_____	

Tel Number :	_____	Fax Number : _____
Email :	_____	

Reviewed by:

_____	_____	_____
Date received	Name and Signature	Date

*Please note that IBCs should provide annual reports of its composition and activities by 1st January every year.