

J. Appendices

Appendix 1 Written Request

Request for Support (To be filled by the Requestor)

Dedicated to benefitting health

Roche is proud to support meaningful health initiatives and organizations in our community. We want to ensure that the support we give has the greatest possible impact and is provided in accordance with the Roche Pharma Directive on Grants, Sponsorships and Donations and legal requirements. We have put a process in place to make sure this happens. In order to request support, healthcare organizations and patient organizations must complete the form below. Below is a guide to help make the process smoother.

PLEASE NOTE the below:

- Roche only supports healthcare initiatives. Roche is unable to support salaries or equipment.
- Please ensure that your request is for a specific campaign, initiative, event or item.
- If approved, support from Roche is always transferred to the healthcare organisation, not to the individual healthcare professional.
- All support is given to campaigns, initiatives and events that benefit patients and/or public health. Ensure that you highlight how your request does this.

Note: Please do not leave any section Blank. Mention 'Not Applicable or NA' in case of non-relevance. Please note that failure to complete this form fully with all necessary information will delay the assessment of your request or result in your request being declined.

Requestor Details		Payee Details (if different from the Requestor)	
Organization Name		Organization Name	
Organization Type	e.g. Trust	Organization Type	e.g. Private Company
Organization Role	e.g. Activity Owner	Organization Role	e.g. Activity Organizer

Organization Details		List of Major Directors/Owners	
Annual Revenue		Name	Current Position
Year of Incorporation			
Website			
Address			
Contact Person	<name> <designation> <Email>		

Activity/Project			
Name		Type	E.g. Congress
Start and End Date		Venue	
Activity Budget		Support Cost/Request	
Support sought from other institutions		Purpose/Objective	

Support Details

Request Type	<Financial> or <Non-Financial>	Support Type	<Grant/Donation> or <Sponsorship>
Support Scope	<Sub-Activities in Scope> 1. 2. 3.	Support Details	<Financial details for each sub-activity of support> 1. 2. 3.

Additional Details (if Sponsorship)			
Benefits to Roche		Other details (if any)	

Conflict Check	Yes/No	If yes, details
Do you or any of your related entities work for Roche or have any affiliations with any company providing goods & services to Roche.		
Does your terms of contract with your employer / affiliations prevent you from engaging with/rendering services to Roche.		

The above request must be supported with the following documents. Note that this is not an exhaustive list, additional document if any must also be shared for review.

Supporting Documents for Review	
Request letter on an official letter head and duly signed (this request for support form can be attached to the letter)	if the activity is a meeting, set out the proposed agenda and description of the location/venue.

<p>It must clearly document –</p> <ul style="list-style-type: none"> • that support from Roche is being sought & must describe specific activities in scope of support. • detail the background to the request including objectives and the expected result of the activity. • provide a description of the unmet need (informational/educational/research/patient support) and the intended audience of the activity. 	
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Authorized Representative:			
Name		Designation	
Date		Place	
Signature			

Note: The Grants/Donations & Sponsorships Request Form along with the supporting documents can be scanned and transmitted electronically to Roche.