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**DATA CD DELIVERY FORM**

Reference No.:

1. I \_\_\_\_\_, hereby confirm having received a CD containing data \_\_\_\_\_
2. I promise to return the CD and dispose the data after this study is completed.

Signature of Applicant:

Signature of Data Manager:

\_\_\_\_\_

\_\_\_\_\_

Name:

Name:

Staff/Student ID No.:

Staff ID No.:

Department/Post:

Department/Post:

Date:

Date: