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Please complete this form electronically and email to the relevant Dean or Director: Research Office.

METHOD OF PAYMENT (Applicant to please complete)	
CREDIT RU Account No: (first 5 digits)	PAY to researcher:
	RESEARCH TO CONTACT RESEARCH FINANCE

DATE OF APPLICATION:	
DETAILS OF PREVIOUS DISCRETIONARY FUNDS RECEIVED:	
DETAILS OF OTHER FUNDS AVAILABLE:	
DATE REPORT WILL BE SUBMITTED:	
SIGNATURE OF APPLICANT: (electronic)	

MOTIVATION (please limit to 500 words)

RESEARCH OUTPUT / EXPECTED BENEFIT