

## RESEARCHER BUSINESS TRIP FORM

NAME OF APLICANT INSERM :

Unit / service / bureau :

Date of application :

### 1) Identity

Last Name, First Name	
Date of birth	
Professional status	
E-mail ( <i>compulsory</i> ):	
Personal Address	
N, street	
Postal Code	
City	
Country	
Professional Address	
Employer's name	
Univ. - Dept, ....	
N, street	
Postal Code	
City	
Country	

### 2) Bank Account Details

Please provide an official document from your bank to justify your account (including IBAN, BIC/SWIFT swift code, routing number (USA only))

Don't write below, it's for the administration only, thank you  
**FRAMEWORK RESERVED FOR THE ADMINISTRATION**

CONTROL CARRIED OUT BY DR

YES

NO

Controller name :

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