## Appendix N°4: Legal Statements of the Center´s Staff

**LEGAL STATEMENT OF THE DIRECTOR OF THE CENTER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | |
|  | | | | | | | | |
| **RUT** | | | | **Date of Birth** | | | **Nationality** | |
|  | | | |  | | |  | |
|  | | | | | | | | |
| **Affiliation** | | | | | | **Current Position** | | |
|  | | | | | |  | | |
|  | | | | | | | | |
| **Work address** | | |  | | | | | |
|  | | | | | | | | |
| **Phone** | | **Fax** | | | **E-mail** | | | **City** |
|  | |  | | |  | | |  |
|  | | | | | | | | |
| **Home Address (for legal procedures in case of signing contract)** | | | | | | | | |
|  | | | | | | | | |
|  | |  | | |  | | |  |
| **Phone** | | **Fax** | | | **E-mail** | | | **City** |
|  | |  | | |  | | |  |

I hereby certify that I am a Chilean citizen or a resident in Chile and declare that the information described in this application is true.

Furthermore, by signing this statement I authorize the publication of the information referred to in the General instructions of this Form.

In my capacity as the Director, I accept to undertake the responsibility for the technical coordination of the proposed Development Plan, as well as the joint responsibility, with the team of Regular Researchers, for the compliance with the general and specific objectives of the same.

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Signature Date

## 

**LEGAL STATEMENT OF THE PRINCIPAL RESEARCHERS[[1]](#footnote-2)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | | | |
|  | | | | | | | | |
| **RUT** | | | | **Date of Birth** | | | **Nationality** | |
|  | | | |  | | |  | |
|  | | | | | | | | |
| **Affiliation** | | | | | | **Current Position** | | |
|  | | | | | |  | | |
|  | | | | | | | | |
| **Work address** | |  | | | | | | |
| **Phone** | | | **Fax** | | **E-mail** | | | **City** |
|  | | |  | |  | | |  |
|  | | | | | | | | |
| **Home Address (for legal procedures in case of signing contract)** | | | | | | | | |
|  | | | | | | | | |
| **Phone** | | | **Fax** | | **E-mail** | | | **City** |
|  | | |  | |  | | |  |

I hereby certify that I am a Chilean citizen or a resident in Chile and declare that the information described in this application is true.

Furthermore, by signing this statement I authorize the publication of the information referred to in the General instructions of this Form.

I accept to assume the joint responsibility, with the team of Principal Researchers, for the compliance with the general and specific objectives of the proposed Development Plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

1. A copy of this statement must be completed and signed by each one of the Principal Researchers Team. [↑](#footnote-ref-2)