**INTELLECTUAL PROPERTY DECLARATION**

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| **Project Number:** | (to be completed by IC-IMPACTS) |
| **Project:** |  |
| **University:** |  |

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| I, <insert name of Network investigator>, acknowledge that I have read, understood and agree to be bound by the obligations of Network Investigators in relation to Intellectual Property, Ownership, Protection and Licensing as set out in the IC-IMPACTS Network Agreement. |
|  |
| **Investigator Name:** |  |
| **Signature:** |  | **Date:** |  |
|  |

One copy of this form should be signed by each funded investigator.