**INTELLECTUAL PROPERTY DECLARATION**

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| 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.