Reference Code:	



## APPLICATION FORM RESEARCH GRANT PROGRAMME ON COMPETITION LAW (RGPCL)

Tthis form must be submitted to the Malaysia Competition Commission, Level 15, Menara SSM @Sentral, 7 Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50623 Kuala Lumpur, MALAYSIA.

[Incomplete Form will be rejected] TITLE OF PROPOSED RESEARCH: Α В **DETAILS OF GRANT'S APPLICANT** B(i) Name of Applicant: IC / Passport Number: B(ii) Position (Please tick ( $\sqrt{}$ )): □ Professor ☐ Assoc. Prof. / Sen. Lect. ☐ Lecturer ☐ Others B(iii) Faculty/School/Centre/Unit (Please provide full address): Office Telephone No.: **Handphone No.:** B(iv) E-mail Address: B(v)

С	RESEARCH INFORMATION	
C(i)	Research Area(s) (Please tick $()$ ):	
	A. Priority Sectors	
	Food Services	Construction
	Healthcare/ Pharmaceutical e-Commerce	Others : (Subject to MyCC)
	B. Stakeholders	(002)00110 1119007
	The executive The Judiciary	The Legislature
	Enterprises and Associations Professionals and Associations of Professionals	Consumer Associations and Civil Society Oganizations
	Universities and think tanks  Others:  (Subject to MyCC)	
C(ii)	Duration of this research (Maximum 1 year):	
	Duration:	
	From : (dd/mm/yy)	
	To : (dd/mm/yy)	

C(iii)	Other Researcher(s): (Please include your curriculum vitae)					
	No.	Name	IC / Passport Number:	Faculty/ School/ Centre/ Unit	Academic Qualification/ Designation	Signature
	1					
	2					
	3					
	4					
	5					
	6					
C(v)	Exec (Plea	cutive Summary of Resease attach the research pr	arch Proposal (maximu oposal and refer to Appe	n <b>m 300 words)</b> endix C - Guidelines f	or Research Proposals	5)

D	Declaration by applicant (Please tick ( $$ )):
	I hereby confess that:
	1. All information stated here are accurate, the Malaysia Competition Commission has the right to reject or cancel the offer without prior notice if there is any inaccurate information given.
	2. This Application is presented for the Research Grant Programme on Competition Law (RGPCL).
	3. This Application is also presented for the other reasearch grant(s), (grant name and total amount).
	Date : Grant Applicant Signature :

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E	FOR OFFICIAL USE ONLY (FOR THE MALAYSIA COMPETITION COMMISSION)		
	Please tick (√)		
	Recommended:		
	A. Highly Recommended		
	B. Recommended		
	C. Not Recommended (Please specify reason)		
	Comments:		
	Name: RGPCL Panel of Experts Signature:		
	Date:		