

| | | | | | |
|---|---------------------------|-------------------------------|-----------------------|--|--------|
| Applicant | | | Date (Month/Day/Year) | | |
| Family Name: | | First Name: | | Middle name: | |
| Position: | | | | | |
| Signature | | | | | |
| Affiliation | | | | | |
| Address | | | | | |
| Tel. | | Fax. | | E-mail | |
| Title of the Experiment | | | | | |
| M e m b e r s | Name | Date of Birth Male /Female | Affiliation | Position | E-mail |
| | (including the applicant) | | | | |
| Abstract (Describe the significance, purpose, features and expected results of the proposed research, including the reason why this beamline is needed for your research) | | | | | |
| Name of proteins, Hazards, Safety measures | | | | Requested Beamtime (number of shifts, date etc.) | |
| A Director of affiliated Institution permits the applicant to apply for the beamtime proposal | | | | | |
| Name: | | | Title: | | |
| Signature | | | Date: | | |