**WIT PROGRAMME SECOND CALL (2023)**

**FELLOWSHIP ACCEPTANCE FORM**

I, (name and surname)      , born on (dd/mm/yyyy)      , with passport number      , and residence address in (complete current postal address)       of (country)      :

ACCEPT the proposal for the predoctoral fellowship of the WIT Programme, second call (2023), under the terms published on the Programme's website and notified personally.

For the purposes of calculating the amount of the fellowship, I state:

**1. Familiar Allowance.** (Select the appropriate box, and provide documentation, if necessary).

[ ]  That in order to receive the amount corresponding to the Family Allowance, I provide, now, the necessary documentation.

[ ]  That in order to receive the amount corresponding to the Family Allowance, I already provided the necessary documentation at the time of the application.

[ ]  That I consider that the amount for Family Allowance does NOT correspond to me because I don´t have family obligations.

Signed in (place)      , at (date)      .

(Signature of the candidate)