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Signature of applicant, date

Name (in capital letters):

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..... (please write clearly!)

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(Please give your name where indicated, at the beginning of the agreement, sign it where indicated at the end and send the completed agreement to me by post, at the following address: Dr.M.C.D.Speight, 49 Mount Eagle View, Leopardstown Heights, Dublin 18, Ireland)

N.B. the syrph the net files are sent free of charge.