

National Fund for Acquisitions

Application Form

Please email this form when completed to nfa@nms.ac.uk

National Fund for Acquisitions, National & International Partnerships Department, National Museums Scotland, Chambers Street, Edinburgh, EH1 1JF, 0131 247 4106/4024

	ame and address of museum, art gallery, libra	
		Postcode
	Telephone	
	lame and address of authority to which grant s	should be paid
		Postcode
	Telephone	
	Accreditation Number	l.
	Addition Number	tick as appropriate: Full Provisional
E	Brief description of object(s)	
•		
		re and state whether your organisation can reclai naximum bid (hammer price), buyer's premium, V

lf yes, please state origina	I asking price:		
lava vav avalanad akkan a		ddition to the NEACIF or misses vive data	1-
have you explored other so	burces of funding in a	ddition to the NFA? If so, please give deta	IS_
Amount requested from NF	-A	£	
Amount requested from oth	er national sources	£	
(please state eg HLF/Art Fund) Amount requested from oth	er national sources	£	
(please state eg HLF/Art Fund) Local/own funding			
Local/own funding		£	
Total cost		£	
Name and address of and		4	
Name and address of vend	or, auction nouse or o	contractor	
Address			
		Postcode	
Please confirm that you ha	ve checked: Vendo	or's legal title Provenance	
A summary of the provenance r			
Image(s) attached:	es No		
Tick as appropriate. All applicat	tions must be accompanie	ed by images	
		s required in case it is necessary for the ok	
)jec

Please confirm that you, or your reits condition. You may attach a se	epresentative, have examined the potential acquisition and desc eparate condition report
NOTE: All objects must be viewed by applica	ant or a representative
Place at which the object will be ke archive named above)	ept (if other than the principal museum, art gallery, library or
archive named above)	
Has the proposed purchase been a	approved by your Committee?
Tick as appropriate Yes	No Not applicable
	onfirm that the purchase has not already been made and that no e result of this application is known
Member of staff to be contacted in	the event of any query regarding this application
Name	Job Title
Telephone No.	Email
Address	
	Postcode
Name, job title and address of pers	son to whom decision letter and grant claim form should be sent
Name	Job Title
Telephone No.	Email
Address	
	Postcode

NOTE: It is important to complete questions 19 and 20 as thoroughly as possible in order to make a robust case for acquisition. See Guidance for Applicants.

		lic programmes		
	posals for pub			

I IOW WIII t	ine proposed a	 ince or develo	p your existing	Collections	

What are y organisatio							
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