(Set the stamp of the Institution)

APPENDIX II

TERM OF ACKNOWLEDGEMENT

(Company or Educational Institution), registered at the CNPJ (Finance Ministry's National Corporate Taxpayer Register) (if applied) under number -----, with headquarters at Rua -----, Zip code ------, represented by its (President/Director)----, bearer of RG/RNE (Brazilian ID card) number -----, registered with CPF (individual taxpayer's registry number, comparable to US Social Security) (if applied) number -----, Passport number --------. residing at Rua -----, Zip code ----- (complete address), declares to be aware of and agrees with the participation of ---------- (name of Post-Doc candidate) in the Post-Doctoral Program for a duration of ----------, which may be extended, according to the University's discretion, and complying with the research hours established by the University of São Paulo. I also declare to be aware of the rules of the Post-Doctoral Program at the University of São Paulo.

Place and date:

Legal Representative

Post-Doctoral Candidate

Sponsor

President of the Research Committee