**Application for APC waiver**

The waiver is intended for corresponding authors who can demonstrate financial need. Before manuscript submission, please fill in this form and send it per email to the GMPC editorial office.

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| **Manuscript Title:** |
| **Country of residence and affiliation of all authors:** |
| **Name** | **Affiliation** | **country** |
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| **Reasons for waiver requesting:** |
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| **Funding received:** Indicate if the funder(s) do not support open access publication |
|  |
| **Official use only** |
| **Handling Editor** |  |
| **Handling officer** |  |
| **Decision** |
| [ ]  **Full waiver****(100%)** | [ ]  **Partial waiver****(75%)** | [ ]  **Partial waiver****(50%)** | [ ]  **Rejected** |