**DECLARATION BY THE ASSOCIATE PARTNER**

**(TO BE FILLED IN BY THE ASSOCIATE PARTNER, PRINTED OUT, SIGNED BY AUTHORIZED PERSON, STAMPED, SCANNED AND SENT WITH THE CONCEPT NOTE)**

The Associate Parter, represented by the undersigned, being the authorised signatory of the Associate Partner, hereby declares that:

1. agrees to be listed as an Associate Partner on the project \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(project name)* submitted by the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(applicant name)* from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(country/economy),*
2. may be involved in the project but may not receive funding from the awarded grant.

Signed and stamped on behalf of the Associate partner.

|  |  |  |
| --- | --- | --- |
| **Name of the Associate Partner** |  | **Stamp** |
| **Name and Surname of the Authorised Person** |  |  |
| **Signature** **of the Authorised Person** |  |
| **Position** |  |
| **Date** |  |
| **Place** |  |