## **Annex 21 - Delegation of Authority Form**

To whom it may concern			
This is to notify that (name of person being authorised), who holds the position of (position of the person being authorised), within (Beneficiary organisation/Line Ministry), is hereby authorised to act and sign on behalf of (name of person delegating authority) within (name of Beneficiary/Line Ministry) on:			
<ol> <li>all matters, o</li> <li>on the follow</li> </ol>	or ving specific matters:		
pertaining to the E	U co-financed project ( <b>na</b>	me of project) for the period (inse	rt date) to (insert date).
Delegated by:			
Name in block lette	ers	Signature	<del></del>
Accepted by:			
Name in block letters		Signature	
Date:			
	-	n, Migration and Integration Fund Internal Security Fund 2014-2020	*** * * * <sub>+</sub> .*
	Co-financing rate: 75% EU Funds 25% Beneficiary Funds  ***  Sustainable Management of Internal Security and Migration Flows		***
	Sustainable Managem	nent of internal Security and Migration Fl	ows