

***(Each co-financing third party in the project must fill in a copy of this declaration)***

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| **Project Details** | |
| **Title of the Project** | *Click here to enter text.* |

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| **Organisation Proposing this Project (co-ordinator) Details** | |
| Name of Organisation proposing this Project | *Click here to enter text.* |
| Address: | *Click here to enter text.* |
| Telephone Number | *Click here to enter text.* |
| Email | *Click here to enter text.* |

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| **Co-Financing Third party organisation Details** | |
| Full Legal Name of Third Party Organisation | *Click here to enter text.* |
| Address | *Click here to enter text.* |
| Telephone Number | *Click here to enter text.* |
| Email | *Click here to enter text.* |

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| **Amount of Co-Financing for the Project provided by the co-financing Third Party Organisation** | | |
| **EURO:** | *Click here to enter text.* |

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| **Authorised signatory of the co-financing third party organisation:** | |
| **Title** | *Click here to enter text.* |
| **Name** | *Click here to enter text.* |
| **Surname** | *Click here to enter text.* |
| **Position in the co-financing organisation** | *Click here to enter text.* |

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| **Date:** |
| *Click here to enter a date.* |
| **Signature:** |
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