

## **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 (name of 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:

- 1. all matters, or
- 2. on the following specific matters:

pertaining to: (code and name of project), co-financed through (Cohesion Fund / European Regional Development Fund / European Social Fund¹) while the latter is away from office on duty travel overseas and on vacation and sick leave from (insert date) to (insert date).

Delegated by:	
Name in block letters	Signature
Accepted by:	
Name in block letters	Signature

Date:

European Structural and Investment Funds 2014-2020 Co-financing Rate: 80% European Union (European Social Fund; European Regional Development

30% European Union (European Social Fund; European Regional Developmen Fund); 20% National Funds; 85% European Union (Cohesion Fund); 15% National Funds



 $<sup>^{\</sup>rm 1}$  Select the applicable Fund.