*Please fill the parts in yellow with requested information*

On behalf of the organization (Official name of the Applicant Organization –Registration Number -Legal Address), I (Name Surname –position) declare that:

* the organization has fulfilled its obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions applicable to the Gaza strip
* the organization enjoys a full tax exemption due to (explain on which ground your organization can be considered legally exempted )

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_

Position : \_\_\_\_\_\_\_\_\_\_\_\_

Signature : \_\_\_\_\_\_\_\_\_\_\_\_

Stamp (if available) :