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 is not a recipient, lead applicant, co-applicant, or affiliated entity of a grant under EuropeAid/154792/DH/ACT/Multi.

Date

Name :

Position :

Signature :

Stamp (if available) :