**Associated Partner Declaration**

*This form is a Programme template and may not be changed or amended in any way.*

*This document is an annex to the Application Form.*

|  |  |
| --- | --- |
| Project acronym: |  |
| Project number: |  |
| Name of the organisation (as in the application form) |  |
| Partner number (as in the application form) |  |
| Legal status |  |

I, the undersigned [Title, First Name, Last Name] declare, as the legal representative of the above-mentioned organization, that my institution supports the overall objective of the project as described in the application form by performing the following role:

[Application Form, partner activities].

I confirm that the institution I represent commits itself as an associated partner until the end of the project activities and that in this framework, no contractual or sub contractual link will be established with one or several project partners.

SIGNATURE

For the legal entity

[forename/surname/function]

[signature]

[date]

A digital signature is welcomed