**Annex F - Declaration by the Co-Applicant**

This section must be completed for each co-applicant, if any. You must make as many copies of this table as necessary to create entries for each additional co-applicant.

|  |  |
| --- | --- |
|  | Co-applicant no.1 |
| Name of the organisation |  |
| The co-applicant’s contact details for the purpose of this action |  |
| Abbreviation |  |
| Registration number in the court (or equivalent) |  |
| Date of registration |  |
| Place of registration |  |
| Official address of registration |  |
| Website and E-mail address of the organisation if applicable |  |
| Telephone number: Country code + city code + number |  |
| Fax number: Country code + city code + number |  |

The co-applicant(s) authorise the Applicant < XXX > to submit on their behalf the present application form for applicant, as well as, to be represented by the Applicant in all matters concerning this grant application.

I have read and approved the contents of the proposal submitted to the Contracting Authority. I undertake to comply with the principles of good partnership practice.

|  |  |
| --- | --- |
| Name: |  |
| Organisation: |  |
| Position: |  |
| Signature: |  |
| Date and place: |  |