



LEGAL ENTITY

PRIVACY STATEMENT

http://ec.europa.eu/budget/contracts_grants/info_contracts/legal_entities/legal_entities_en.cfm#en

PUBLIC ENTITY

| | | | |
|---|----------------------|----------------------|----------------------|
| LEGAL FORM | <input type="text"/> | | |
| NAME(S) | <input type="text"/> | | |
| | <input type="text"/> | | |
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| | <input type="text"/> | | |
| | <input type="text"/> | | |
| ABBREVIATION | <input type="text"/> | | |
| OFFICIAL ADDRESS | <input type="text"/> | | |
| | <input type="text"/> | | |
| | <input type="text"/> | | |
| POSTCODE | <input type="text"/> | P.O. BOX | <input type="text"/> |
| TOWN / CITY | <input type="text"/> | | |
| COUNTRY | <input type="text"/> | | |
| VAT N° | <input type="text"/> | | |
| <i>IF THIS FIELD IS COMPLETED, PLEASE ATTACH AN OFFICIAL VAT DOCUMENT</i> | | | |
| PLACE OF REGISTRATION | <input type="text"/> | | |
| DATE OF REGISTRATION | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | D D | M M | Y Y Y Y |
| REGISTRATION N° | <input type="text"/> | | |
| PHONE | <input type="text"/> | FAX | <input type="text"/> |
| E-MAIL | <input type="text"/> | | |

THIS "LEGAL ENTITY" FORM SHOULD BE COMPLETED, SIGNED, STAMPED AND RETURNED TOGETHER WITH:
- A COPY OF THE RESOLUTION, LAW, DECREE OR DECISION ESTABLISHING THE ENTITY IN QUESTION;
- OR, FAILING THAT, ANY OTHER OFFICIAL DOCUMENT ATTESTING TO THE ESTABLISHMENT OF THE ENTITY BY THE NATIONAL AUTHORITIES

| | |
|--|-------|
| DATE | STAMP |
| NAME + FUNCTION OF AUTHORISED REPRESENTATIVE | |
| SIGNATURE | |

ANNEX V

Request for payment for contribution agreement with an international organisation

Date of the request for payment <.....>

For the attention of

<Address of the Contracting Authority>

<Financial unit indicated in the Agreement>¹

Reference number of the Agreement: ...

Title of the Agreement: ...

Name and address of the Organisation: ...

Request for payment number: ...

Period covered by the request for payment: ...

Dear Sir/Madam,

I hereby request payment of prefinancing/interim payment/balance² under the Agreement mentioned above.

The amount requested is [as indicated in Article 4(2) of the Special Conditions of the Agreement/the following: ...]³

Please find attached the following supporting documents:

- narrative and financial progress report (for prefinancing / interim payments)
- final narrative and financial report (for payment of the balance)⁴

The payment should be made to the following bank account:...⁵

Please when making the payment indicate the following communication: ...

I hereby certify on honour that the information contained in this request for payment is full, reliable and true, that the costs incurred can be considered eligible in accordance with the Agreement and that this request for payment is substantiated by adequate supporting documents that can be checked.

Yours faithfully,

<signature>

¹ If applicable, please do not forget to address a copy of this letter to the European Union Delegation mentioned in Article 5 of the Special Conditions of the Agreement.

² Delete the options which do not apply.

³ Delete the option which does not apply.

⁴ Delete the items which do not apply.

⁵ Indicate the account number shown on the identification form annexed to the Agreement. In the event of change of bank account, please complete and attach a new identification form as per model.