

## DELEGATION OF AUTHORITY FORM

To whom it may concern

This is to notify that **(name of person being authorised)**, who holds the position of **(position of the person being authorised)**, within **(name of Beneficiary organisation/Line Ministry)**, is hereby authorised to act and sign on behalf of **(name of person delegating authority)** within **(name of Beneficiary/Line Ministry)** on:

1. all matters, or
2. on the following specific matters:

pertaining to: **(code and name of project )**, co-financed through **(Cohesion Fund / European Regional Development Fund / European Social Fund<sup>1</sup>)** while the latter is away from office on duty travel overseas and on vacation and sick leave from **(insert date)** to **(insert date)**.

**Delegated by:**

\_\_\_\_\_  
Name in block letters

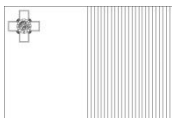
\_\_\_\_\_  
Signature

**Accepted by:**

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
Signature

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



European Structural and Investment Funds 2014-2020  
Co-financing Rate:  
80% European Union (European Social Fund; European Regional Development Fund); 20% National Funds;  
85% European Union (Cohesion Fund); 15% National Funds



<sup>1</sup> Select the applicable Fund.