**About this form**

* With this form, you authorise the lead company to apply for a subsidy on your behalf.
* Each participant in a partnership applying for a subsidy should complete and sign a partner form.
* The lead company must upload the partner form(s) with the application.
* Read more about [UPF](https://english.rvo.nl/subsidies-programmes/ukraine-partnership-facility-upf).
* We process your information as this is necessary for to implement this subsidy programme. We handle your data with the utmost care. Read more about our privacy policy at <https://english.rvo.nl/about-netherlands-enterprise-agency/privacy>.

**Partner Form**

**Ukraine Partnership Facility (UPF)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1.** | **Partner information** | |
| **1.1** | Name of the organisation |  | |
|  |  | |
| **1.2** | Chamber of Commerce registration number or equivalent |  | |
|  |  | |
|  |  |  | |
| **1.3** | What type of organisation do you represent? | a company  a civil society organisation  a trade organisation | |
|  |  |  | |
| **1.4** | Postal address | House or P.O. Box number | Number addition |
|  |  |  |  |
|  |  | Street or P.O. Box | |
|  |  |  | |
|  |  |  | |
| **1.5** | Postal code and city | Postal code | City |
|  |  |  |
|  |  |  | |
| **1.6** | Country |  | |
|  |  |  | |
| **1.7** | Is your office address different from your postal address? | Yes 🡪 continue with **1.8**  No 🡪 continue with **2.1** | |
|  |  |  | |
| **1.8** | Office address | House number | Number addition |
|  |  |  |  |
|  |  | Street | |
|  |  |  | |
|  |  |  | |
| **1.9** | Postal code and city | Postal code | City |
|  |  |  |
|  |  |  | |
| **1.10** | Country |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2.** | **Partner contact person** | | | |
| **2.1** | Contact person | Title(s) | | Initial(s) | |
|  |  |  |  | | |
|  |  |  | | | |
|  |  | Family name | | | Gender |
|  |  |  | | | Man  Woman  Other |
|  |  |  | | | |
| **2.2** | Telephone number |  | | | |
|  |  |  | | | |
| **2.3** | Mobile telephone number |  | | | |
|  |  | | | |
| **2.4** | Email address |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **3.** | **Authorisation** | | | | | | | | | | |
|  |  | Name of organisation | | | | | | | | | | |
| **3.1** | Lead company |  | | | | | | | | | | |
|  | *The lead company is the organisation that applies on behalf of the partnership.* | | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  |  | Project title | | | | | | | | | | |
| **3.2** | Project title |  | | | | | | | | | | |
|  |  | Acronym | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
| **3.3** | By signing this form, you declare, on behalf of the organisation mentioned under 1.1., that you:   * authorise the lead company to apply for a subsidy from the Netherlands Enterprise Agency for the project mentioned under 3.2 on your behalf; | | | | | | | | | | | |
|  | * authorise the lead company to act on your behalf in all affairs related to the project administration and the settlement of the project; | | | | | | | | | | | |
|  | * understand the rules and regulations that apply to the subsidy programme Ukraine Partnership Facility; | | | | | | | | | | | |
|  | * are authorised to sign this form; | | | | | | | | | | | |
|  | * have completed this form truthfully; | | | | | | | | | | | |
|  | * have read and accepted the OECD guidelines for multinational enterprises on Corporate Social Responsibility and will follow these guidelines; | | | | | | | | | | | |
|  | * have read the [FMO exclusion list](https://www.fmo.nl/policies-and-position-statements) and will not undertake any activity mentioned on the list as part of the project; | | | | | | | | | | | |
|  | * declares non-commercial funded activities and no-profit within the project. | | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  |  | Name of organisation | | | | | | | | | | |
|  | Signatory on behalf of the partner |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | Title(s) | | | | | | | | | Initial(s) | |
|  |  |  | | | | | | | | |  | |
|  |  |  | | | | | | | | | |  |
|  |  | Family name | | | | | | | | | | Gender |
|  |  |  | | | | | | | | | | Man  Woman  Other |
|  |  |  | | | | | | | | | | |
|  |  | Position in the organisation | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
| **3.4** | Date | Day | | Month | | Year | | | |  | | |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  | | | | | | | | | | |
| **3.5** | Signature |  | | | | | | | | | | |

4. Financial declaration

*Each project partner should complete this declaration on its own behalf.*

In accordance with Article 4.2 of the UPF Regulation (*UPF*), the subsidy will be refused if there is insufficient confidence that the project partners are capable of financing the project activities.

An undertaking is in financial difficulty when at least one of the following circumstances occurs:

1. In the case of a limited liability company, where more than half of its subscribed share capital has disappeared as a result of accumulated losses. This is the case when deduction of accumulated losses from reserves (and all other elements generally considered as part of the own funds of the company) leads to a negative cumulative amount that exceeds half of the subscribed share capital.
2. Where the undertaking is subject to collective insolvency proceedings or fulfils the criteria under its domestic law for being placed in collective insolvency proceedings at the request of its creditors.
3. Where the undertaking has received rescue aid and has not yet reimbursed the loan or terminated the guarantee, or has received restructuring aid and is still subject to a restructuring plan.
4. In the case of an undertaking that is not an SME, where, for the past 2 years:  
   1. the undertaking's book debt to equity ratio has been greater than 7.5, and  
   2. the undertaking's EBITDA interest coverage ratio has been below 1.0.

The undersigned hereby declares that they are not in financial difficulty.

Organisation:

Name:

Position:

Place:

Date:

Signature: