



Authorisation Intermediary

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Undersigned (the Applicant)

Organisation	
Contact person	
Position	

Authorises

Organisation	
Contact person	
Position	

Regarding

Name subsidy programme	
Name project	

Check the appropriate boxes

<input type="checkbox"/>	to complete and submit the subsidy application form on my behalf	
<input type="checkbox"/>	to complete and submit the subsidy application form and to perform all related actions up to the administrative decision on my behalf	
<input type="checkbox"/>	to report on my behalf about the project progress and to submit on my behalf all the documents required for the settlement of the subsidy	
<input type="checkbox"/>	to appeal against the administrative decision on my behalf	
<input type="checkbox"/>	other: <table><tr><td></td></tr></table>	

This authorisation is valid until cancellation by the applicant

Signature

Date	
Place	
Signature applicant	