

# Access to Employment (A2E) Scheme Delegation of Authority

## A. DETAILS of Beneficiary

Beneficiary:

Date:

## B. DECLARATION

This is to notify that  
holds the position of

(name of person being authorized), who  
(position of the person being authorized), within  
(Name of Beneficiary), is hereby authorized to act and sign on behalf  
(Name of person delegating authority)  
(Name of Beneficiary).

of  
within

On: 1. All matters, or  
2. On the following specific matters:

Pertaining to the EU co-financed project – A2E Scheme, covering:

A. All application forms as of this date onwards, or

B. The following application forms:

For the period

to

## C. DELEGATED BY:

Name and Surname:

ID Card No.:

Signature: \_\_\_\_\_

## D. ACCEPTED BY:

Name and Surname:

ID Card No.:

Signature: \_\_\_\_\_

