

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

of
within

(*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*).

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:
to

For the period

C. DELEGATED BY:

Name and Surname:

ID Card No.:

Signature: _____

D. ACCEPTED BY:

Name and Surname:

ID Card No.:

Signature: _____

