

DELEGATION OF AUTHORITY

Attention: Project Leader – Investing in Skills Unit

Jobsplus
Head Office
Hal Far BBG 3000

Date: _____

Name of Beneficiary	
Address	
Tel. No:	
email:	
Registration No:	

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 organisation*), is hereby authorised to act and sign on behalf of _____ (*name of the Director / owner (in case of self employed persons, partnerships or cooperatives) delegating authority*) within _____ (*name of Beneficiary*) on:

1. all matters related to Investing in Skills, *(mark the appropriate box)*
2. on the following specific matters:

Pertaining to the EU co-financed project – Investing in Skills, covering:-

- 1: All Grant Agreements as of this date onwards, *or (mark the appropriate box)*
- 2: The following Grant Agreements: _____

for the period _____ to _____ (*insert dates*).

Delegated by:

Name in block letters

Signature

ID: Number

Accepted by:



Name in block letters

Signature

ID: Number

