

## 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

