|  |  |
| --- | --- |
| Official Company name or statutory name | Click or tap here to enter text. |
| Registered address | Click or tap here to enter text. |
| VAT number | Click or tap here to enter text. |
| Name and contact details of the person representing the Partner | Click or tap here to enter text. |
| Short description of business / sector / specialisation | Click or tap here to enter text. |

I, [Name and Surname] authorised to represent [Name of the organisation] hereby confirm that my organisation

|  |  |
| --- | --- |
| * is based in a Member State of the European Union, in an Associated Country to EU Framework Programme for Research and Innovation, or in the UK |  |
| * has received the Statutes and By-Laws of the Association |  |
| * will comply with the Statutes, By-Laws and other rules and policy of the Association once it becomes a Network Partner |  |
| * will pay the Partnership Fees for the year of accession once it becomes a Network Partner, upon receipt of the invoice |  |

Signature [Place, Date]