**Declaration of Interest for Associated Strategic Partner**

**Official name of the institution in English**

**Contact person**

**Address**

**Country**

**Phone**

**Email**

**Website**

Declares its interest in participating in the project <project name and acronym> with the following role:

Declares that it is interested in being part of the project <project name and acronym> for the following reasons:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the legal representative Place and date

(Official stamp of the institution)