**DECLARATION**

The undersigned [*insert name of the signatory of this form*], representing the following legal person :

|  |  |
| --- | --- |
| FULL OFFICIAL NAME |  |
| FULL OFFICIAL ADDRESS |  |
| COUNTRY |  |
| STATUTORY REGISTRATION NUMBER |  |

declares that the organization:

* Accepts to participate in the WACOMP programme under this call for proposals;
* Is eligible in accordance with the eligibility criteria set out in Paragraph 3 of this call for proposals
* Agrees to nominate at least three people among its staff or trusted collaborators to participate in a Training of Trainers and agree on allow the chosen person adequate time to participate in the training as well as in such other activities as are needed to obtain their certification
* Agrees to organize at least one Training of entrepreneurs (ToE) before the end of november 2020 and to cover logistic costs related (venue, training equipment and refreshments for participants)

Date, Signature and Stamp