PARTICIPANT’S APPROVAL

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| --- | --- |
| Vinnova’s ref.no: |  |
| Title of Project: |  |
|  |  |
| Coordinator: |  |
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| Participant: |  |
|  |  |
| Address: |  |
|  |  |
| Participant’s reg.no. |  |
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The Participant hereby undertakes to perform the project in accordance with Vinnova’s decision, including Vinnova’s general terms and conditions for grants, and in accordance with, by Vinnova approved, Project Description.

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|  |  |  |
| Place, date |  | Place, date |
|  |  |  |
| Signature (by authorized signatory) |  | Signature (by authorized signatory if more than one signatory is required) |
|  |  |  |
| Name in block letters |  | Name in block letters |
|  |  |  |
| Title |  | Title |
|  |  |  |
|  |  |  |
|  |  |  |
| Point of Contact |  |  |
|  |  |  |
| Title |  |  |
|  |  |  |
| Phone no. |  |  |
|  |  |  |
| e-mail |  |  |

The original copy of signed document shall be kept by the Coordinator.