PARTICIPANT’S APPROVAL – PROJECT WITH ONE PARTICIPANT

|  |  |
| --- | --- |
| Vinnova´s ref number: |  |
| Project title: |  |
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|  |  |
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| Beneficiary: |  |
|  |  |
| Address: |  |
|  |  |
| Beneficiary’s reg.no. |  |
|  |  |

The Beneficiary hereby undertakes to perform the project in accordance with Vinnova’s decision, including the terms and conditions therefor, 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 | | |
|  |  |  | | |
| \*) The individual(s) signing the document must be authorized to do so in his/her capacity as registered signatory   or by power of attorney, delegation or similar; Vinnova may request a copy of a document evidencing such authority. | | |  |  | |
| Contact person at the Beneficiary |  |  | | |
|  |  |  | | |
| Title |  |  | | |
|  |  |  | | |
| Phone no. |  |  | | |
|  |  |  | | |
| e-mail |  |  | | |

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