

## DECLARATION ON HONOUR

To be completed by the person legally authorised to sign on behalf of the applicant organisation (Legal Representative)

### SIGNATURE OF THE LEGAL REPRESENTATIVE

I the undersigned, authorised to represent the Beneficiary, hereby certify that all information and financial data contained in this final report are full, real, accurately recorded and eligible in accordance with the Grant Agreement.

EU Aid Volunteers : Deployment

Title of the project: .....

Reference number and Contract number : .....

The beneficiary allows the European Commission and the Education, Audiovisual and Culture Executive Agency to make available and use all data provided in this report for the purposes of managing and evaluating the EU Aid Volunteers Initiative.

All personal data collected for the purpose of this project shall be processed in accordance with Regulation (EU) N° 2018/1725 of the European Parliament and of the Council of 23 October 2018 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data.

Data subjects may, on written request, gain access to their personal data. They should address any questions regarding the processing of their personal data to the Education, Audiovisual and Culture Executive Agency. Data subjects may lodge a complaint against the processing of their personal data with the European Data Protection Supervisor at any time

I certify that all information, including annexes and the final financial statement, are duly verified by the legal representative before the submission of the e-Report.

### CHECKLIST - WHAT DOCUMENTS TO PROVIDE

**The final report must include the following documents using templates:**

- Final Financial Statement duly completed
- Logic of Intervention
- Overview of applications received
- List of participants duly completed and signed
- Declaration on Honour duly completed and signed
- Report of Factual Findings on the Final Financial Report – Type I or Type II

**Beneficiary**

Name of the organisation:

Stamp of the organisation (if available):

**Legal representative**

Name in capital letters:

Place:

Date ..... / ..... / ..... (day/month/year)

Signature: