…………………………………………………
**Name of the Lead beneficiary organisation**

…………………………………………………
**Name of the statutory representative of the LB**

Official address of the Lead beneficiary

…………… ………………………………..
**Postal code Town or municipality**

…………………………………………………
**Street and number**

…………………………………………………
**State**

**Project registration number:**

### Declaration on identical versions

The application package had to be submitted completely in paper format beside the original in two copies and on three pieces of CD/DVD. Therefore, the Lead Beneficiary shall declare that hard copies are identical with the original version.

As Lead Beneficiary I hereby declare, that the application package submitted contains three identical versions in paper format.

Place and date:

**…………………………………….
Signature**