**Please read the instructions below carefully**

**Instructions**

1. This identification form shall be submitted for all Study partners stated in the cover letter (annex 1).
2. Fill out all fields indicated in blue. You may not change any part of the form otherwise.
3. Add date for signature and sign where indicated.

**POWER OF ATTORNEY**

**European Forest Institute grant process**

**G-01-2021**

**EFI Network Fund, Towards A Harmonised European Forest Monitoring System**

The undersigned,

|  |
| --- |
| [add full name and position of person signing] |

having the legal capacity required to act on behalf of

|  |
| --- |
| [add official name of organisation submitting the form] |

 (hereinafter “Study partner”), hereby in respect of EFI Grant process G-01-2021, authorises

|  |
| --- |
| [add official name of coordinating organisation] |

 (hereinafter “Coordinator”), and its legal representative as applicable, to:

* Submit the Application, and sign the Application Cover letter, on behalf of Study partner
* Sign any contractual documents — including the Grant agreement and amendments thereto — and issue any invoices related to the Grant on behalf of Study partner
* Act as the single contact point with the European Forest Institute for administrative and financial aspects of the Grant
* Receive payments by the European Forest Institute related to the Grant

Any modification to this Power of Attorney is subject to the European Forest Institute’s express approval. It cannot be terminated without the European Forest Institute’s consent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

*Representative authorized to sign on behalf of the economic operator, as stated in the Identification form (annex 2)*