|  |  |
| --- | --- |
| Project number:  | A\_A.1.1\_0262 |
| Project title: | MEDSt@rts - Med microfinance support system for start-ups |
| Lead Beneficiary / partner: | Palestine |
| Organization | Leaders International |

**DE-MINIMIS declaration (to be filled-in by the recipient of the aid)**

I, the undersigned, as the authorised representative of the organisationlisted below, hereby certify that:

* The organisation I represent has not received any aid falling under one of the *de minimis* Regulations during the current fiscal year and the previous two fiscal years.
* The organisation I represent has received aid falling under one of the *de minimis* Regulations during the current fiscal year and the previous two fiscal years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation, provider of aid, contact info | Country of organisation providing aid | Legal name and registration number of aid receiver | Amount of aid | Date of granting aid |
| **De minimis under *1407/2013 (general aid)*** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| **Total general *de minimis* aid received:** |  |  |
| **De minimis under *1408/2013 (agriculture)*** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Total agriculture *de minimis* aid received:** |  |  |
| **De minimis under *717/2014 (fishery and aquaculture)*** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| **Total fishery and aquaculture *de minimis* aid received:** |  |  |

On behalf of the organisation, I hereby confirm that information in this declaration is accurate and true and I take full responsibility for it.

|  |  |
| --- | --- |
| Official title of the organisation in English |  |
| Official title of the organisation in national language |  |
| Legal status in English |  |
| Legal address |  |
| Registration number  |  |
| Name of the authorised representative |  |
| Position |  |
| Signature |  |
| Date of signature |  |