



# FONS MALLORQUÍ

DE COOPERACIÓ

## APPLICATION LETTER

Mr / Ms \_\_\_\_\_, holder of identity document number \_\_\_\_\_ and authorized to represent the entity \_\_\_\_\_, where he/she holds the position of \_\_\_\_\_.

## EXPOSES

That this entity fulfils the conditions required to be beneficiary of the programme of aids for emergency and humanitarian aid projects granted by the Fons Mallorquí de Solidaritat i Cooperació.

## APPLIES FOR

An aid of \_\_\_\_\_ euro for the project \_\_\_\_\_ in the municipality / region of \_\_\_\_\_ in \_\_\_\_\_ (country) with a total expenditure of \_\_\_\_\_ euro, for which I attach the required documents, the veracity of which I certify.

\_\_\_\_SSSSSSSSSSSS\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(Place)

(Date)

Applicant signature

Stamp of the entity