



## Designation Form

Based on our examination of the information provided by the Lead Beneficiary/Beneficiary and controller in the "Checklist for Designation of 1st Level Controllers", we designate the following body:

Controller:

Name	
Job title	
Organisation	
Address	
Telephone number	
E-mail	

To verify in accordance with the Manual for the 1st level control and the national rules:

- the delivery of the products and services co-financed in accordance with the project contract,
- the soundness of the expenditure declared for operations or parts of operations implemented on our territory and
- the compliance of such expenditure and of related operations or parts of those operations with programme and Community rules and the relevant national rules.

For the following project and beneficiary:

Project name	
Acronym	
File number	

Beneficiary to be controlled:

Contact person	
Organisation	



Address	
Telephone number	
E-mail	
Function in the project	<input type="checkbox"/> Lead Beneficiary <input type="checkbox"/> Beneficiary/ coordinating beneficiary <input type="checkbox"/> Co-beneficiary

The information provided gives reasonable assurance about the controller's:

- independence from the project activities and finances and
- professional qualifications to carry out the verifications mentioned above and
- controllers ability to carry out the control within the agreed timeframe.

The Interreg VB North Sea Region programme's standard report forms and controlling documents must be used for reporting of the expenditure, the checks carried out and to confirm the eligibility of expenditure.

\_\_\_\_\_  
 Place, date and stamp

\_\_\_\_\_  
 Name of the signatory and signature  
 on behalf of the MS Designation body

Designation in online monitoring system

