|  |  |
| --- | --- |
| Project number: |  |
| Project title: |  |
| Beneficiary: | Prefilled by the beneficiary |

**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:** | | |  | N/A |
| **De minimis under *1408/2013 (agriculture)*** | | | | |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| **Total agriculture *de minimis* aid received:** | | |  | N/A |
| **De minimis under *717/2014 (fishery and aquaculture)*** | | | | |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| **Total fishery and aquaculture *de minimis* aid received:** | | |  | N/A |

De minimis aid to be received within the [project name and number] in the [name of the ENI CBC programme]:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Beneficiary, provider of aid | Country of the beneficiary providing aid[[1]](#footnote-1) | Contact info of the beneficiary providing aid | Type of de minimis aid (general, agriculture or fishery/aquaculture) | Amount of aid | Date of granting aid |
| Prefilled by the beneficiary | Prefilled by the beneficiary | Prefilled by the beneficiary | Prefilled by the beneficiary | Prefilled by the beneficiary | Prefilled by the beneficiary |

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 |  |

1. *There are two options depending on the approach taken be the programme. For example, the country of the MA or the country of the beneficiary can be considered as the provider of the aid.* [↑](#footnote-ref-1)