All FRAME, VOICE, REPORT! applicants shall sign this declaration as it is an EU requirement. It is named "Declaration by the third party" because a FRAME, VOICE, REPORT! applicant is a third party to the EU.

If you are more than one organisation applying: Each organisation must sign the declaration.

Declaration by the third party

In order to provide the Beneficiary with a reasonable assurance that the third party is able to carry out the agreed upon actions, the authorised signatory of the third parties declares that they will be excluded from participation if:

(1) they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations;

(2) they have been convicted of an offence concerning their professional conduct by a judgment which has the force of *res judicata*;

(3) they have been guilty of grave professional misconduct proven by any means which the Beneficiary can justify;

(4) they have not fulfilled obligations relating to the payment of social security contributions or the payment of taxes in accordance with the legal provisions of the country in which they are established or with those of the country of the Beneficiary or those of the country where the contract is to be performed;

(5) they have been the subject of a judgment which has the force of *res judicata* for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Communities' financial interests;

(6) they are currently subject to an administrative penalty referred to in section 2.3.5 of the Practical Guide to contract procedures for EC external actions.

The authorised signatory of the third party must certify that he is not in one of the situations listed above and signed on behalf of the third party.

Name of the Organisation(LEAD)	
Address	
Contact details	
Name of the Responsible Person	
Position	
Signature	
Date	

Name of the Organisation(CO-)	
Address	
Contact details	
Name of the Responsible Person	
Position	
Signature	
Date	