

PAYMENT REQUEST - FINANCIAL SUPPORT FOR EMPLOYER INTEGRATION PROGRAMME

To make your application eligible, you must complete all fields of the form using **capital letters** and submit the documents listed below:

- Signed list of participants (signed by the coach/mentor/trainer and the employee(s)),
- Bank details of the company,
- Completed "Application form 5".

General information

Company name:

Registration number:

Legal representative:

Number of employees:

Address of the head office:

Postcode: City: Country:

Name and position of contact person:

Phone number:

E-mail address:

Bank account*

Name of the bank:

IBAN:

SWIFT/BIC:

*The allocation is done via bank transfer

I, the undersigned, declare that the **basic/comprehensive** (please circle as appropriate) integration programme as detailed in the "Application form 5" submitted on / /20 (dd/mm/yyyy) has been implemented from / /20 to / /20

Number of mobile workers involved in the integration programme:

I enclose a signed list of *participants* (signed by the coach/mentor/trainer and the employee(s)) with indication of the thematic subject(s) and complete duration of the following training actions.

I hereby request the payment of: EUR as *TMS-REACTIVATE* contribution, in accordance with the applicable funding rules.

I am aware that the *TMS-REACTIVATE* has the right to check ex-post that the information provided is true and to claim refunding in the case of false declarations.

Date://20 (dd/mm/yyyy)

Signature and company stamp:

To be completed by *TMS-REACTIVATE*

The financial support is **granted** **not granted** by *TMS-REACTIVATE*

Motivation if not granted:.....

Verified by: (e-mail address)

Date:(dd/mm/yyyy)

Amount (EUR):

Approved for payment: