

By signing this document, I declare that:

1. I am authorised to legally bind the legal entity named below, to the conditions stated in this form.
2. I and the public authority that I legally represent are fully aware and duly accept all rules and conditions as expressed in the documents and annexes related to the Path4Med Open Call and will fully respect any evaluation decision and application selection made under this Call.
3. All information provided in this declaration is true and legally binding.

Applying Public Authority Legal Representative Contact Information:

Informații de contact ale reprezentantului legal al autorității publice aplicante:

Title (Mrs.)	Mayor of Danceni village
Name	Victoria
Surname	Butuc-Guranda
Public authority	Danceni City Hall
Position in the authority	Mayor
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Signature and stamp (if applicable)	