 

HU National Agency, Tempus Public Foundation

**ERASMUS + PROGRAMME**

**Amendment Request Form**

KA229 – School Exchange Partnerships

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| Agreement number:  |
| Proposal number:  |
| Title:  |
| Coordinator:  |

**DECLARATION OF CONFORMITY**

I, the undersigned, hereby declare that the information attached is accurate and in accordance with the facts. This information has been approved by the authorities representing the beneficiaries involved in the project detailed within this request.

(*Original signature of the person legally authorised to act on behalf of the coordinator and who signed the original agreement)*

Name of legal representative of the coordinator: …………………………………… Position within the coordinator: ................…………………………..……………… Place & Date: ………………………………………………………......…………….

Form to be returned to the responsible contact person at the National Agency

**ATTENTION: This document will be (in case of approval) attached to modification of the grant agreement.**

**AMENDMENTS: INTRODUCTION**

Amendments to the agreement are subject to written requests, dated and signed by the coordinator's legal representative. These amendments are also subject to formal endorsement by the National Agency.

Please note that an amendment only **enters into force** when the last party signs the letter confirming agreement with the request for amendment.

**Taking effect** refers to the date from which the effects described in the amendment apply and bind the parties. If no specific date is indicated, the amendment will take effect on the day of entry into force.

Following the completion of the appropriate section(s) of this form, please print, sign, date and send it by **e-mail only,** together with an accompanying letter and all appropriate annexes, to the National Agency. Only relevant completed sections of this form need to be sent.

For any other kind of change, please contact the National Agency:

**Changes to the eligibility period**

*Please note that:*

* *Modification of the eligibility period implies modification of the deadlines for submission of the final reports in accordance with article* ***I.4*** *of the grant agreement*

|  |  |  |
| --- | --- | --- |
|  | Initial situation | Requested |
| Start of the eligibility period (dd/mm/yyyy): |  |  |
| End of the eligibility period (dd/mm/yyyy): |  |  |

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| **Reasons for requesting these changes**  |
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