**Declaration of Honour
for Patient Advocacy Organization**

*(Complete or delete the parts in italics in parentheses)*

The undersigned: *(insert name of the signatory of this form)*

Representing the following Patient Advocacy Organization: *(insert name of the PAO)*

Declares that the above-mentioned Patient Advocacy Organization (PAO) is fulfilling the following conditions:

[ ]  is a not-for-profit organization, which is patient focused, and where patients and/or carers and/or family members of patients represent a majority of members in governing bodies;

[ ]  is formally established and registered for more than 1 year as a not-for-profit organization in one of the countries involved in ERDERA. See Annex 1 of the Call text for the countries involved;

[ ]  includes in its governing structure a designated representative legally authorized to sign a contract with a public funder/ZonMw;

[ ]  is financially independent, particularly from the pharmaceutical industry (max. 49% of funding of the PAO comes from one or several companies).

Date: *(insert date of signature)*

Full name: *(insert name of the signatory of this form)*

Signature: