Annex Signature page

**The applicants agree with all application documents and will cooperate in the (preparations of) the networking event.**

*Digital signatures or scanned signatures are accepted. These signatures should be from the principal applicant and co-applicants listed in the application form. Note, that a signature by the director of the respective institutions is not necessary.*

The consortium should exist of at least one Principal applicant and two co-applicants from three different countries that are eligible in ERDERA (see Annex 1 of the Call text).

**Signature Principal applicant (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the consortium

Name:

Date:

Place:

Signature:

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**Signature Co-applicant 1 (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the consortium

Name:

Date:

Place:

Signature:

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**Signature Co-applicant 2 (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the consortium

Name

Date:

Place:

Signature:

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**Signature Co-applicant 3 (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the consortium

Name:

Date:

Place:

Signature:

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**Signature Co-applicant 4 (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the research consortium

Name:

Date:

Place:

Signature:

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**Signature Co-applicant 5 (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the consortium

Name:

Date:

Place:

Signature:

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**Signature Co-applicant 6 (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the consortium

Name:

Date:

Place:

Signature:

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**Signature Co-applicant 7 (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the consortium

Name:

Date:

Place:

Signature:

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**Signature Co-applicant 8 (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the consortium

Name:

Date:

Place:

Signature:

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**Signature Co-applicant 9 (place, date, signature):**

☐ I agree with all information and declare my willingness to cooperate with the consortium

Name:

Date:

Place:

Signature:

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