**

*Date, place*

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| --- |
| **DECLARATION** |

**Concerning:**

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| --- | --- |
| PROJECT INDEX NUMBER: |  |
| PROJECT TITLE: |  |
| NAME OF THE BENEFICIARY: |  |
| I, ………………………………………..…., hereby declare that acting as an auditor performing the verification and confirmation of the regularity of expenditures incurred under the project, I undertake to observe the rules of:  1) **impartiality** – in reference to this, I declare that in relation to the controlled project:  a) I do not remain in any actual or legal relation with the beneficiary which could raise doubts as to my impartiality and affect the performance of my duties,  b) I am not a member of associations, organizations, foundations or the beneficiary’s authority or other entities organizationally, financially or personally affiliated in any way with the beneficiary,  c) my spouse, relative or relative by marriage to the second degree is not employed in managerial positions within the organizational structures of the beneficiary,  d) I have not provided assurance, advisory or consulting services concerning the activities of the beneficiary within two years preceding the start of providing the project verification service  e) I do not own shares or other ownership titles in the controlled entity  f) I will avoid any situation that may give the impression of a conflict of interest, including the situation where there is even a theoretical possibility that personal interest will prevail over the results of the conducted verification  g) I do not remain with the institutions implementing the Cross-Border Cooperation Programme Poland - Belarus - Ukraine 2014-2020 in any actual or legal relation, which could raise doubts as to my impartiality and affect the performance of my duties, I'm not an employee of these institutions, and I am not an expert evaluating application from,  h) neither I nor any person mentioned in subparagraph c) participated in the preparation of documents relating to the project,  i) I will reveal all relevant facts known to me, which, if not disclosed, may distort the perception of my objectivity during verification  j) in case of occurrence of circumstances which may indicate the possibility of infringement of the principles of impartiality, I shall immediately inform the beneficiary and the Control Contact Point of this fact. The CCP will decide whether to exclude me from performing activities related to this project or not.  2) **confidentiality** – I shall not disclose to unauthorized persons or entities information relating to the project, acquired by me in the course of the control activities.  At the same time I declare that I am aware of the criminal liabilities resulting from misinformation. | |

First and last name of the auditor:

**………………………… ……………………………**

***Date Signature***