

Annex 6: Payment Request Template

Payment Request

Number of the Agreement on Cooperation Development Support	
I. Beneficiary information¹	
Beneficiary type	<ul style="list-style-type: none"> Norwegian cluster engaged in business activities Norwegian cluster not engaged in business activities
Full name of the Beneficiary (mandatory)	
Organisation No. (NOR)	
Prevailing NACE code	
Country of registration	<ul style="list-style-type: none"> Kingdom of Norway²
Registered office (locality)	
Street and building / premises number	
Postal code and post office	
Website	
II. Contact person	
Forename and name	
E-mail address	
Cell phone	
III. Financial figures	
Requested amount for lump sum payment	<ul style="list-style-type: none"> EUR 1,686³ EUR 3,372⁴
IV. Beneficiary account details	
Bank name	
Account number	
IBAN	
BIC/SWIFT	
V. Scope of activities implemented	
Thematic areas of support covered by the development of cooperation ⁵	<ul style="list-style-type: none"> environmentally friendly technologies innovation in marine or inland waters
Achieved results of participation in the study visit.	
Include dates of participation and describe what results were achieved of participation in the study visit	
Dates of participation in the study visit	Description of results
VI. Annexes to the Request:	

¹ Data compliant with the entry in the relevant register.

² Please leave without deletions or marks.

³ Delete as appropriate

⁴ Delete as appropriate

⁵ Delete as appropriate

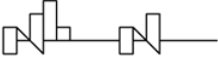
Boarding passes or other documents confirming a foreign business trip (dates, route, destination) by one/two persons on the trip on the Beneficiary's side ⁶	<i>Number of boarding passes / equivalent documents:</i>
Other annexes or materials documenting meetings that have taken place (please identify):	<i>Number of annexes:</i>
<i>If additional annexes need to be provided, add another line</i>	

I request payment of cooperation development support in the amount specified in item III of this Payment Request and declare that the information provided in this Request complies with the facts and the legal status. Concomitantly, I confirm that the participants of the study visit on the Beneficiary's side acted on behalf of the Beneficiary.

Forename and name person authorized to represent the Beneficiary	
Function person authorized to represent the Beneficiary	
Signature person authorized to represent the Beneficiary	
Date	

⁶ Delete as necessary.

Iceland
Liechtenstein
Norway grants



Norway
grants

 **PARP**
Grupa PFR