*[Translation from Bulgarian]*

***Appendix S***

**APPLICATION   
FOR ACCESS TO THE BENEFICIARY'S EXPERTS TO  
Management and Monitoring Information System 2020**

**The undersigned ……………………………………………………………………….**

*(full name)*

**PIN: ………………………, identity document No. ……..………., issued on …………………. by ………………………………………..**

**(***details according to identity document***)**

**in my capacity as……………………………………………………………………………………….**

*(position)*

**to beneficiary …………………………………………………………………………………………**

*(name of the beneficiary)*

**1.Hereby authorize:**

Full names: …...................................................................................

*(Name, surname, family)*

PIN: ………………………, identity document No. ……..………., issued on …………………. by ………………………………………..

(*details according to identity document*)

in his/her capacity as……………………………………………………………………………………….

*(position)*

***under project ……………………………………………………………………………………………….***

*(name of the project)*

**To perform all activities of sending and receiving information related to the reporting under grant contract under Project Selection Procedure *Rehabilitation and Modernization of Municipal Infrastructure - Systems for External Artificial Lighting* of Municipalities on my behalf and on my account.**

**2.** The person(s) under point 1 shall be granted access profile(s) with the following information:

2.1 Full names: …...................................................................................

*(Name, surname, family)*

PIN (identificator) .....................................................................................;

e-mail: .....................................................................................;

*(a valid email address will be used to notify the beneficiary)*

Contact phone: ………………………………………………………………………..

2.2 Full names: …...................................................................................

*(Name, surname, family)*

PIN (identificator) .....................................................................................;

e-mail: .....................................................................................;

*(a valid email address will be used to notify the beneficiary)*

Contact phone: ………………………………………………………………………..

3. I declare that:

* Correspondence regarding the project implementation will be made through the profile(s) under point 2 only by the person(s) therein.
* The person(s) under item 2 has the right to provide personalized codes for access to data to the expert(s) working on the project, including restrictions on access rights according to the functionalities implemented in the module “E-project management”.
* All actions performed through the access profile in the system under item 1 should be considered as a valid statement made on behalf of the beneficiary.
* In case of change of the stated circumstances, I shall inform the Programme Operator immediately.

Date: …………………………

Signature: