Request for Amendment of Agreement

|  |  |
| --- | --- |
| Project number | Click here to enter text. |
| Title of the project | Click here to enter text. |
| Contract duration of the project  | From | Click here to enter text. |
| To | Click here to enter text. |
| Name of beneficiary | Click here to enter text. |
| Name of legal representative(s) | Click here to enter text. |
| Have you submitted other requests to amend the Agreement? If so, when? | Click here to enter text. |

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| --- |
| The beneficiary requests an amendment regarding the following points (please tick as appropriate):  |
|  |[ ]  Change of date of activity or duration of the project.  | New date / duration of the project: | Click here to enter text. |
|  |[ ]  Change of legal status of beneficiary.  | New legal status: | Click here to enter text. |
|  |[ ]  Change of contact persons (project management/finance) | New person: | Click here to enter text. |
|  |[ ]  Change of legal representative(s) | New person: | Click here to enter text. |
|  |[ ]  Change of bank details  | New bank account, new account holder: | Click here to enter text. |
|  |[ ]  Change of partner institution (Please attach form with details of partner institution) | New partner institution:  | Click here to enter text. |
|  |[ ]  Change of consortium partner (Please attach form with details of consortium member) | New consortium partner: | Click here to enter text. |
|  |[ ]  Other | Click here to enter text. | Click here to enter text. |
|  |  |  |  |
| Please state the reason for the requested amendment |
| Click here to enter text. |

Movetia may ask the beneficiary to provide further information on the requested amendments.

**The following point applies to projects of the "Swiss Programme for Erasmus+".**

* For projects in which the Swiss institutions participate as associated partners in the EU project, please provide evidence that the changes are consistent with the EU project.

Movetia will review the application and notify you of its decision in writing within 30 days.

I/ We, the undersigned, hereby confirm(s) the completeness and accuracy of the information provided herein and that I am/we are authorized to sign.

|  |  |
| --- | --- |
| Place | Click here to enter text. |
| Date | Click here to enter text. |
| Signature(s) of the legal representative |  |
| Name and function of signatory(ies) | Click here to enter text. |

Annex to form “Request for Amendment of Agreement”

Details of new partner institution

Details of new consortium member

|  |  |
| --- | --- |
| Name of institution | Click here to enter text. |
| Department | Click here to enter text. |
| Street | Click here to enter text. |
| P.O. Box | Click here to enter text. |
| Post code | Click here to enter text. |
| Country | Click here to enter text. |
| E-mail | Click here to enter text.. |
| Website | Click here to enter text. |
| PIC number (Youth in Action and EVS projects only) | Click here to enter text. |
| Please briefly describe the institution: | Click here to enter text. |