

STANDARD PAYMENT REQUEST AND FINANCIAL STATEMENT

Grant agreement number	ECHO/ESI/2020/C/020/835247
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Legal name of the beneficiary	Ministerie van Volksgezondheid, Welzijn en Sport
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Address	Parnassusplein 5 2511 VX Den Haag
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Reference period	From: 24 april 2020	To: 10 september 2020
Eligibility period		

Banking details:	Name and address of the bank	5.1.5
	Bank account n°	
	I.B.A.N	
	Bank account holder	
	Payment reference (if necessary)	

EU contribution requested	7.386.919
Pre-financing received	-
Balance payment requested	7.386.919

I certify on my honour that the information provided in the request for payment of the balance is full, reliable and true.

I certify that the costs incurred can be considered eligible in accordance with the Agreement and that the request for payment is substantiated by adequate supporting documents that can be produced in the context of the checks or audits.

I certify that all the revenues generated by the action have been declared for the beneficiary and its affiliated entities.

Name of legal/ statutory representative:	T. van Ark
Title:	
Function:	Minister for Medical Care and Sport
Date:	5/1/20
Signature:	

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