**PARTNERSHIP DECLARATION FORM**

*Each Member State participating in the transnational Specific Action must fill in this declaration and the signed scan has to be attached to the application form submitted to the European Commission.*

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| **Information about the project proposal for transnational Specific Action** |
| **Fund/Instrument** | Integrated Border Management Fund/Instrument for Financial Support for Border Management and Visa Policy (BMVI) |
| **Specific Objective** | SO 1 - Supporting effective European integrated border management at the external borders, implemented by the European Border and Coast Guard as a shared responsibility of the European Border and Coast Guard Agency and the national authorities responsible for border management, to facilitate legitimate border crossings, to prevent and detect illegal immigration and cross-border crime and to effectively manage migratory flows |
| **Specific Action** | Innovation for sea/shore, and/or land border surveillance(operational testing in pilot projects) |
| **Reference of the call** | BMVI/2021-2022/SA/1.2.1 |
| **Lead Member State**  |  |
| **Participating Member State**  |  |
| **Title of the project** |  |

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| **Declaration of partnership** |
| I, the legal representative of the partner Managing Authority [Full legal name of the Managing Authority of the partner Member State],for the purpose of the submission of the application under the transnationalSpecific Action [Title] to the European Commission following the call for expression of interest for specific action [Insert reference of the call], hereby agree to fully subscribe to the proposal to be submitted to the Commission by [Full legal name of the Managing Authority of the lead Member State]and to follow the common agreement reached on with the partners to implement the project, if successful.I hereby mandate [Full legal name of the Managing Authority of the lead Member State]to submit the proposal also on my behalf. I hereby commit to implement the proposal with all the obligations and conditions set out by the partnership.  |

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| **Date** | **Signature** |
|  | Legal representative of the partner Managing Authority : |