

Approval of Annual Report

By signing this form, both partners approve of the corresponding narrative and economic reporting within the ICLD Municipal Partnership programme. Please complete this form with the requested information and signatures.

Swedish partner: _____

International partner: _____

Type of cooperation:

- ☐ Inception
- ☐ Project
- ☐ Steering group
- ☐ Expansion
- ☐ Dissemination

ICLD reference number (Format: YYYY-NNNN): ____ - ____

For Projects and Steering groups: Indicate which year the reporting accounts for (for example Year 2 out of 3): Year __ of __

Funds accounted for in the corresponding economic report: SEK _____

Signature of authorized signatory for the
Swedish partner:

Signature of authorized signatory for the
international partner:

Name in block capitals and title:

Name in block capitals and title:

Place and date:

Place and date:
