

Annex D – Haklara Destek Program Payment Request Form

<Date of payment request >

to Hakikat Adalet ve Hafıza Çalışmaları Derneği

Reference number of the grant contract:

Title of the grant contract: **Haklara Destek Programı Alt Hibe Sözleşmesi**

Name of the beneficiary: <Please enter the name of your organization>

Address of the beneficiary: <Please enter the address of your organization>

Payment request number:

Dear Sir/Madam,

In accordance to the contract mentioned above, we kindly request the <2. payment/last payment>.

The requested amount is Euro <Please enter the payment amount>.

The following reports are completed in the BELLEK Grant Management System for the relevant period.

- Expenditure Reports
- Income Reports
- Activity Monitoring Reports
- Interim/Final Implementation Evaluation Report

In addition, supporting documents (receipts, invoices, etc.) have been sent to you.

The bank account to which the payment will be made is as follows: <Please enter the bank account number specified in ANNEX-C Financial Identification Form annexed to the contract>

Declaration

I hereby certify that the information contained in this payment request and the information entered to BELLEK Grant Management System is full, accurate and reliable, and is substantiated by adequate supporting documents that can be checked.

I hereby certify that only one grant is used for each item of expenditure and that no duplicate European Community funding is used for the same expenditure.

I hereby certify that the costs declared have been incurred in accordance with this contract and that they can be considered as eligible in accordance with the contract.

Yours Faithfully,

Name, Surname

Title

Signature

<Name, Surname, Signature, will be signed by the representative who signed the contract>