Approval of the Auditor

Auditor

Name of the auditing entity	
Address	
First and last name of the auditor	
First and last name of the PPL auditor	(if applicable)
Telephone number	
E-mail	

Project

Project title	
Project index number	

Beneficiary

Name	
Address	
Telephone number	
E-mail	
Contact person	
E-mail	

On the basis of the information provided by the Beneficiary in the *Checklist for approval of the auditor* and the annexes to this document, Control Contact Point grants approval to an administrative review which refers to Article 26 point 6 a of the Implementing Regulation (EU) No 897/2014 of 18 August 2014 legislating detailed rules for the implementation of cross-border cooperation programmes financed under the Regulation of the European Parliament and of the Council (EU) No 232/2014 establishing the European Neighbourhood Instrument, in accordance with the *Guidelines on expenditure verification*.

To enumerate, the Beneficiary and the Auditor / Auditors are obliged to:
   a) use audit reports to confirm the correct implementation of control activities and the scope of the performed administrative verification
   b) complete the verification and deliver the audit reports to the lead beneficiary within a time limit permitting the submission of a consolidated operational and financial progress report to the JTS within 3 months after the completion of the reporting period or the date of occurrence of circumstances requiring appraisal of the received advance set out in the grant contract .

Control Contact Point must be informed of any changes to the information provided in *The checklist for approval of the auditor* and its annexes.

Control Contact Point is authorized to withdraw the approval in case of errors in the information indicated in the checklist, the auditor not fulfilling the tasks and responsibilities and undermine the independence, integrity and professional qualifications, or in case of verification performed not in accordance to the requirements specified in the Guidelines on expenditure verification.

Institution:

Place: Date:

Auditor's signature: Stamp: