**INVESTMENT SUPPORT PROGRAMME FOR LEAST DEVELOPED COUNTRIES**

**Declaration**

I, the undersigned, legal representative of [name of the requesting private sector entity] have applied for assistance under the ISP/LDCs programme.

In this regard I enclose (please select what is applicable to you):

*For Small and Medium-sized Enterprises:*

* The applicable national legislation (preferably with official or non-official translation in either English or French), and
* Sufficient information to demonstrate that the requesting private sector entity meets the criteria under the applicable legislation.

*For under-resourced enterprises:*

* Act of incorporation or any legislation under national law (preferably with official or non-official translation in either English or French) mandating that incorporation is not necessary;
* A certified copy of the approved annual balance sheet;
* [For newly-established entities or entities that do not have an approved annual balance sheet: business plan];
* [In case of existing stakes with other entities: consolidated annual accounts];
* [If applicable: projected cost of the legal and other expert fees];
* [Any other relevant documentation and information]

*For fully- or partly-owned State enterprises:*

* A declaration along with proof that it is fully-owned or appropriately partially-owned by the State.

The foregoing documentation, certification and information are true and correct to my knowledge, and as to such documentation, certification, and information, I believe them to be true.

I hereby authorize the International Development Law Organization (“IDLO”), as the Programme’s implementing agency, to verify the accuracy of the documentation, certification, and information provided.

I take note of the fact that, in the event the IDLO discovers, during the course of the assistance provided under the Programme to the entity I represent, any averment in the information, documentation or certification I have provided, it may at its discretion take any action including, but not limited to, the immediate termination of the assistance.

I will also notify IDLO of any changes in any of the details in my application as soon as they happen. Failure to do so can result in termination.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Date