**Proof of innovative concept program**

**for scientific research organizations - PoC**

1. **Applicant’s statement on the status with regard to (ir)recoverability of value added tax**

*(Note: The text coloured in grey must be adjusted/deleted when entering the relevant requested applicant’s data)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname, position of the person authorized to represent the applicant) , as the person authorized to represent and sign on behalf of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and number of the applicant) , under substantive and criminal liability, assert that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and number of the applicant):

1. is a VAT payer,
2. is registered in the register of value added tax payers on the basis of making deliveries within the scope of their authority,
3. has the possibility to obtain a deduction for value added tax:

- for all cost items listed in this project proposal

- for the following cost items listed in this project proposal: *(please specify the cost items in the project proposal for which you have the right to deduct value added tax)*

The basis on which \_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and number of the applicant) has the right to obtain a deduction for value added tax is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter the basis on which he is entitled to obtain a deduction for value added tax) .

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| --- |
| In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< enter place > < enter date >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< enter the name of the Applicant >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< enter the name and surname of the person legally authorized to represent the Applicant >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< position>*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< signature and stamp >* |

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1. **Applicant’s statement on the status with regard to (ir)recoverability of value added tax**

*(Note: The text coloured in grey needs to be adjusted/deleted when entering the relevant requested applicant’s data)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname, position of the person authorized to represent the applicant), as the person authorized to represent and sign on behalf of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and number of the applicant) , under substantive and criminal liability, assert that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and number of the applicant) :

1. is a VAT payer,
2. is registered in the register of value added tax payers on the basis of making deliveries within the scope of their authority,
3. it is not possible to obtain a deduction for value added tax.

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| --- |
| In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< enter place > < enter date >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< enter the name of the Applicant >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< enter the name and surname of the person legally authorized to represent the Applicant >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< position >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< signature and stamp>* |

**Proof of innovative concept program - PoC**

1. **Applicant’s statement on the status with regard to (ir)recoverability of value added tax**

*(Note: The text coloured in grey needs to be adjusted/deleted when entering the relevant requested data of the applicant)*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname, position of the person authorized to represent the applicant) , as the person authorized to represent and sign on behalf of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and number of the applicant) , under substantive and criminal liability, assert that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and number of the applicant) :

1. is not liable for value added tax.

|  |
| --- |
| In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< enter place > < enter date >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< enter the name of the Applicant >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< enter the name and surname of the person legally authorized to represent the Applicant >*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< position>*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *< signature and stamp >* |