**ACCESSION FORM FOR BENEFICIARIES**

*(To be filled in and signed by all beneficiaries other than the coordinator and then later on for amendments for any new beneficiary (coordinator or other).)*

[**BEN legal name (short name)**], PIC [number], established in[legal address]

**hereby agrees**

**to become** *[*beneficiary*][*coordinator*]*

**in Agreement** [**insert number**] **— [insert acronym]** (‘the Agreement’)

**between** [COO legal name (short name)] **and**the European Health and Digital Executive Agency (HaDEA, under the powers delegated by the European Commission (‘European Commission’)

***[****OPTION for beneficiaries which are NOT coordinator:* **and mandates**

**the coordinator** to submit and sign in its name and on its behalf any **amendments** to the Agreement, in accordance with Article 39.***]***

By signing this accession form, the beneficiary accepts the grant and agrees to *[OPTION: for coordinators:* take on the obligations and role of coordinator and to*]* implement it in accordance with the Agreement, with all the obligations and terms and conditions it sets out ***[****OPTION for new beneficiaries/coordinators:* as from *[*[insert date]*][*the date of the signature of the accession form*][*the date of entry into force of the amendment*]* (‘**accession date**’) if the granting authority agrees with the request for amendment.

Beneficiaries which enter in the context of a partial transfer of rights and obligations (PTRO; ‘partial takeover’) acknowledge and accept that they may be held jointly and severally liable for undue amounts paid to the beneficiary they replace (i.e recoveries).

SIGNATURE

For the beneficiary /new beneficiary/new coordinator

[function/forename/surname]

[signature]

Done in [English] on [time stamp]