

**CERTIFICATE OF PROFICIENCY  
of Financial Controller at  
Interreg V-A Latvia–Lithuania Programme 2014–2020**

| <b>Project partner information</b>  |  |
|---|--|
| Project number and acronym  |  |
| Project Partner institution title   |  |
| Contact person of Project Partner   |  |
| Phone, e-mail of Project contact person   |  |
| <p>The following institution, which is independent from project implementation, is in charge of financial control procedures related to project activities of the above mentioned project partner and declares that:</p> <p>1) any control work done is free from bias;</p> <p>2) professional secrecy shall be maintained regarding information obtained during control process, including information obtained from <b>the Interreg V-A Latvia–Lithuania Programme 2014–2020</b> Electronic Monitoring system (hereinafter - EMS);</p> <p>3) the control work shall be done in accordance with procedures set out in the Programme Financial control manual especially observing the principles of transparency, impartiality and confidentiality, clear responsibility and professionalism.</p>  |  |
| <b>Financial Controller information</b>   |  |
| Title of Financial Control institution  |  |
| Name and surname of authorized financial controller   |  |
| User name in eMS  |  |
| Phone, E-mail   |  |
| Address   |  |
| <p>The above mentioned controlling institution affirms its professional qualification to carry out control procedures including its familiarity with the overall project, EU regulations, Programme documents (including Programme Manual and Financial control manual).</p> <p><b><u>eMS user rights are personally attributed and the user is responsible for all work done under the user name. The user name and password equals a signature.</u></b></p> <p>The control procedures – based on receipted and paid invoices and/ or accounting documents of equivalent probative value shall include verification of:</p> <p>1) implementation of the activities according to the approved Application;</p> <p>2) the actual delivery of co-financed products and/or services;</p> <p>3) the sufficiency and factual accuracy of the presented documents</p> <p>4) amount of the eligible costs.</p> |  |
| <b>Signature of authorised representative of the Financial Control institution:</b>   |  |
| Name and surname  |  |
| Position  |  |
| Signature   |  |
| Date  |  |
| Stamp   |  |