

INTEGRATION PROGRAMME PAYMENT REQUEST

To make your application eligible, you must complete all the fields of the form using **capital letters**. You must submit the documents listed below and send them to:

gestionyfej.00137@pole-emploi.fr

- Signed list of participants (signed by the coach/mentor/trainer and the employee(s)),
- Bank details of the company with IBAN and BIC/SWIFT,
- Completed "Application form 5".

General information

Company name:

Registration number:

Legal representative:.....

Number of employees:.....

Address of the head office:

Postcode: City:..... Country:.....

Name and position of contact person:.....

Phone number:.....

E-mail address:

I, the undersigned, declare that the **basic/comprehensive** (please circle as appropriate)

integration programme as detailed in the "Application form 5" submitted on:

...../...../..... (dd/mm/yyyy)

has been implemented from:

...../...../..... (dd/mm/yyyy)

Number of mobile workers involved in the integration programme:

I enclose a signed list of participants (signed by the coach/mentor/trainer and the employee(s)) with indication of the thematic subject(s) and complete duration of the following training actions.

I hereby request the payment of: EUR.....as *TMS-Your first EURES Job* contribution, in accordance with the applicable funding rules.

I am aware that the *TMS-Your first EURES Job* has the right to check ex-post that the information provided is true and to claim a refund in the case of false declarations.

Date: / /(dd/mm/yyyy)

Signature and company stamp:

Approved by the employment/EURES adviser:

Surname and first name:

Signature:

To be completed by *TMS-Your first EURES Job*

The financial support is **granted** **not granted** by *TMS-Your first EURES Job*

Motivation if not granted:

Verified by: (*e-mail address*)

Date: (dd/mm/yyyy)

Amount (EUR):

Approved for payment: