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| **FEE AGREEMENT**  **FOR A6.4 ASSESSMENT TEAM MEMBER**  **(Version 01.0)** | |
| This agreement must be completed and signed by A6.4-AT members. | |
| **Entity name:** |  |
| **UNFCCC entity ref no.:** |  |
| **Name and address of the A6.4-AT member:** |  |
| I,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print full name)  **hereby accept** to work as a member of the A6.4-AT-      (Eg. A6.4-AT-00XX) for a fee of  USD 500 per day, paid in accordance with the procedural guidelines for accreditation of operational entities by the Supervisory Body.  I **request** that all payments of fees be transferred to the following bank account: | |
| **Name of account holder:** |  |
| **Bank name:** |  |
| **Address of the bank:** |  |
| **Account no.:** |  |
| **Bank clearing info:** |  |
| **Any other information that will facilitate an international bank transfer to this account:** |  |
| **Signature:** |  |
| **Date:** |  |

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Document information

| Version | Date | Description |
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