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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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