Evidence of Authority to sign Withdrawal Applications



To: The OPEC Fund for International Development Parkring 8, A-1010 Vienna, Austria

Attention:	ADG Financial Operations Department					
Subject:	ect: OPEC Fund Grant No.:					
	Project Nam	ie:				
Dear Sir/Mada	ım,					
I refer to the 0	Grant Agreem	nent No.:				
[Insert Project	: Name]					
between the OPEC Fund for International Development (OPEC Fund) and [Name of Grant recipient]						
				dated		
I, the Authorized Representative of the Grant recipient hereby designate the following person (or persons) whose authenticated specimen signature(s) appear(s) below as authorized, on behalf of the Grant recipient, to sign Applications for Withdrawals under the above-referenced OPEC Fund Grant Number.						
This notification	on enters into	effect as	of date			
Authorized signame/Title	gnatory/ies					
Name/Title					Specimen signature	
Name/Title					Specimen signature	
Name/Title					Specimen signature	
Name/Title				Specimen signature		
					Specimen signature	
Indicate below and any applic			-	-	•	, as well as the arrangements
Individual	ly	Jointly				
				respect		es of persons authorized It Agreement are hereby

Authorized Representative of the Grant recipient