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Date:

REQUEST FOR DISBURSEMENT

Project No.: _____

Project title: _____

1. Introductory remarks

This form is intended to help ensure that the requested disbursements will be received timely and safely. For this purpose, we would like to ask you to please let us have your precise information under the following points 2. and 3.

As stated in the General Agreement, which is part of the Project Contract, the grant made available will be disbursed in several instalments. The amounts of the individual instalments should correspond to the progress made in the implementation of the project and to the expected financial requirements for the following six months. As far as possible, the estimation of the payments expected to be effected within that period should be in line with the Statement of Receipts and Payments covering the previous six months. Disbursements will be made only if and when the Progress Report and the interim Statement of Receipts and Payments for the previous period have reached KZE. The amount/s of the expected local and/or third-party contribution/s is/are to be deducted from the estimated total requirement.

Please make sure that you have opened a separate bank account reserved exclusively for the receipts and payments of this project so that no mix-up with funds of another project can occur (cf. General Agreement Art. 9.).

Thank you very much for your cooperation!

2. Technical details for disbursement

a) Number of separate project bank account: _____

b) Full name and address of bank account holder: _____

c) Full names of authorised signatories: _____

d) Full name and address of the bank: _____

e) Other details (e.g. currency in which disbursement should be effected): _____

3. Estimated requirement in national currency for the 6-month period from _____ to _____ (including payments which are expected to be covered by third-party or local contributions):

Item	Amount in national currency
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
Estimated total amount of expected payments	_____
Less local and/or third-party contribution/s and/or balance from previous disbursement	_____
Amount requested from KZE	_____

Place and date

Signature(s) of representative(s) of the Legal Holder or of authorised third party