Name of the entity

Name and surname of the legal representative
Function
Address

Place, date

**Subject:** Declaration of Affiliation of an entity affiliated with a city/region

To whom it may concern,

I, NAME AND SURNAME OF THE LEGAL REPRESENTATIVE OF THE AFFILIATED ENTITY, hereby confirm that NAME OF THE AFFILIATED ENTITY is currently affiliated with NAME OF THE CITY/REGION, COUNTRY.

Yours sincerely,

Name and surname of the legal representative
Function