

ANNEX IV WORK CERTIFICATE

The undersigned certifies that Mr/Mrs/Miss/Ms _____, National ID Document No. _____, currently performs at the _____ institution, in the specific functions detailed below, during the time indicated.

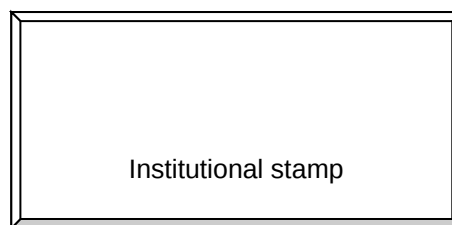
FUNCTIONS (indicate in detail the responsibilities carried out during the period and if the member of staff has been in charge of a team, indicate the number of employees)	From day/month/year	Until day/month/year

If selected for the AGCID South-South Cooperation Grant Programme-Universidad de Chile, the candidate is authorised to travel to Chile on the dates determined by the organisers of the course. Upon his/her return, the organisation undertakes to provide the necessary support for an adequate application and transfer the knowledge received and the implementation of the Action Plan.

(Signature)

NAME DIRECT SUPERIOR

National ID Number
(Position)
Institution
Contact Phone Number



Place, date _____