# Sample Template: CCM confirmation letter for signing legally-binding for incorporated CCM/Non-UNDP

[Date]

To: The Global Fund to Fight AIDS, Tuberculosis and Malaria

Attn: David Ennis

CCM Hub Manager

Chemin du Pommier 40

1218 Grand-Saconnex, Switzerland

Re: [**Country] [CCM name]**

Dear David,

With respect to any legally-binding document to be signed between [the CCM] and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”), or to be issued by [CCM], in connection with any funding to the [CCM]:

1. I, acting as an authorized representative of the [CCM], hereby confirm that any of the persons whose specimen signature appears below:
2. is an authorized signatory on behalf of the [CCM] for the specific purpose indicated, and
3. holds the office specified next to such person’s name, and that the specimen signatures included below constitute each such person’s genuine signature.
4. I hereby:
5. revoke, as from the date hereof, all previous confirmation letters providing signatures of persons authorized to sign legally-binding documents on behalf of the [CCM],
6. acknowledge and agree that the Global Fund may at any time request (a) further evidence of due authorization of my or such other authorized persons’ authority to sign on behalf of the [CCM] and (b) a proof of identification of the relevant persons to authenticate the signatures provided below, and

I confirm that I have read and understood, and agree to comply, with the Global Fund [Code of Ethical Conduct for Country Coordinating Mechanism Members](https://www.theglobalfund.org/media/8234/core_codeofethicalconductforccmmembers_policy_en.pdf)

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name*: [to be signed by the authorized representative of the CCM Funding Recipient– evidence of the authority of the signatory of this letter shall be provided to the Global Fund upon request]*

1.1.

[Dr/Mr/Mrs/Ms, First name, Last name]
[Official Job Title]

By affixing his/her signature below, the authorized signatory confirms that he/she has read and understood, and undertakes to comply with, the Global Fund [Code of Ethical Conduct for Country Coordinating Mechanism Members](https://www.theglobalfund.org/media/8234/core_codeofethicalconductforccmmembers_policy_en.pdf)

Specimen Signature of Authorized Signatory:

Date: ……………………..

1.2.

[Dr/Mr/Mrs/Ms, First name, Last name]
[Official Job Title]

By affixing his/her signature below, the authorized signatory confirms that he/she has read and understood, and undertakes to comply with, the Global Fund [Code of Ethical Conduct for Country Coordinating Mechanism Members](https://www.theglobalfund.org/media/8234/core_codeofethicalconductforccmmembers_policy_en.pdf)

Specimen Signature of Authorized Signatory:

Date: ……………………..