# Sample Template: CCM Funding Recipient confirmation letter for signing legally-binding agreements and/or requests for disbursement

[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], United Nations Development Programme**

Dear David,

With respect to any legally-binding agreement to be signed between the United Nations Development Programme (“UNDP” or “CCM Funding Recipient”) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”), or request for disbursement issued by the CCM Funding Recipient, in connection with any funding to the CCM Funding Recipient relating to the CCM of [Country]:

1. I, acting as an authorized representative of the CCM Funding Recipient, hereby confirm that any of the persons whose specimen signature appears below:
2. is an authorized signatory on behalf of the CCM Funding Recipient 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 agreements on behalf of the CCM Funding Recipient, and
6. revoke, as from the date hereof, all previous confirmation letters providing signatures of persons authorized to sign requests for disbursement on behalf of the CCM Funding Recipient,

Sincerely,

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

Name*: [this should be UNDP Resident Representative]*

Title:

1.1.

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

Please attach [name]’s UNDP corporate identification.

Specimen Signature of Authorized Signatory:

Date: ……………………..

1.2.

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

Please attach [name]’s UNDP corporate identification.

Specimen Signature of Authorized Signatory:

Date: ……………………..