



Europe and Scotland
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RECEIVED

**SOUTH OF SCOTLAND OBJECTIVE 2
PROGRAMME 2000 – 2006**



**European Regional Development Fund
Revised Offer Of Grant Acceptance Schedule**

RECEIVED
20 JAN 2006

A CERTIFICATION OF ACCEPTANCE

On behalf of **Scottish Network 1 Tourist Board** I certify the following:

1. I hereby accept the Offer of Grant as set out in the Revised Offer of Grant Schedule Parts I - VI issued on 8 April 2005.
2. I also agree to be bound by the conditions as outlined therein and set out in the Offer of Grant letter that accompanies the Revised Offer of Grant Schedule.
3. I confirm that the Approved Expenditure Profile and Anticipated Project Timescale as detailed in Sections 8 and 9 of the approved ERDF application form are still valid.

Project Reference	- ANNEX 1
Project Title	
Signature	[Redacted]
Name (in block capitals)	[Redacted]
Designation	Area Director
Date	21/4/05

B DESIGNATED SIGNATORY FOR CLAIM FORMS

I confirm that the following designated individuals are the authorised signatories for all ERDF grant claims submitted by this organisation.

Specimen Signature	[Redacted]
Name (in block capitals)	[Redacted]
Designation	Area Director

Specimen Signature	
Name (in block capitals)	
Designation	

Specimen Signature	
Name (in block capitals)	
Designation	



PROGRAMME 2000 - 2006

European Regional Development Fund
Offer of Grant Acceptance Schedule

A CERTIFICATION OF ACCEPTANCE

On behalf of **Visit Scotland** I certify the following:

1. I hereby accept the Offer of Grant as set out in the Offer of Grant Schedule Parts I – VI issued on
2. I also agree to be bound by the conditions as outlined therein and set out in the Offer of Grant Letter that accompanies the Offer of Grant Schedule.
3. I confirm that the Approved Expenditure Profile and Anticipated Project Timescale as detailed in Sections 8 and 9 of the approved ERDF application form are still valid.

Project Reference	ANNEX I
Project Title	
Signature	
Name (in block capitals)	
Designation	
Date	

B DESIGNATED SIGNATORY FOR CLAIM FORMS

I confirm that the following designated individuals are the authorised signatories for all ERDF grant claims submitted by this organisation.

Specimen Signature	[REDACTED]
Name (in block capitals)	LESLEY C. CRAIG
Designation	AREA DIRECTOR-VISITSCOTLAND GLASGOW

C BANK ACCOUNT DETAILS

The bank account details for the Project Sponsor to which grant payments should be made are as follows:

Account Number	[REDACTED]
Bank Sort Code	[REDACTED]
Bank Name	Bank of Scotland
Bank Address	1 THE MOUND EDINBURGH
Postcode	EH1 1YZ



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Making it work together

**EAST OF SCOTLAND OBJECTIVE 2
PROGRAMME 2000 - 2006**

**European Regional Development Fund
Offer of Grant Acceptance Schedule**

A CERTIFICATION OF ACCEPTANCE

On behalf of **Visit Scotland** I certify the following:

1. I hereby accept the Offer of Grant as set out in the Offer of Grant Schedule Parts I – VI issued on
2. I also agree to be bound by the conditions as outlined therein and set out in the Offer of Grant Letter that accompanies the Offer of Grant Schedule.
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Project Reference	SEE ANNEX 1
Project Title	
Signature	
Name (in block capitals)	
Designation	
Date	

B DESIGNATED SIGNATORY FOR CLAIM FORMS

I confirm that the following designated individuals are the authorised signatories for all ERDF grant claims submitted by this organisation.

Specimen Signature	
Name (in block capitals)	ANGUS MACMILLAN
Designation	AREA DIRECTOR - VISIT SCOTLAND

C BANK ACCOUNT DETAILS

The bank account details for the Project Sponsor to which grant payments should be made are as follows:

Account Number	
Bank Sort Code	
Bank Name	Bank of Scotland
Bank Address	1 THE MOUND EDINBURGH
Postcode	EH1 1YZ



**EAST OF SCOTLAND OBJECTIVE 2
PROGRAMME 2000 - 2006**

**European Regional Development Fund
Offer of Grant Acceptance Schedule**

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Project Reference	SEE ANNEX 1
Project Title	
Signature	
Name (in block capitals)	
Designation	
Date	

B DESIGNATED SIGNATORY FOR CLAIM FORMS

I confirm that the following designated individuals are the authorised signatories for all ERDF grant claims submitted by this organisation.

Specimen Signature	
Name (in block capitals)	PATRICIA GORDON M COLEMAN
Designation	Business Analyst + Planning Manager

C BANK ACCOUNT DETAILS

The bank account details for the Project Sponsor to which grant payments should be made are as follows:

Account Number	
Bank Sort Code	
Bank Name	Bank of Scotland
Bank Address	1 THE MOUND EDINBURGH
Postcode	EH1 1YZ



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Project Reference	SEE ANNEX 1
Project Title	
Signature	
Name (in block capitals)	
Designation	
Date	

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I confirm that the following designated individuals are the authorised signatories for all ERDF grant claims submitted by this organisation.

Specimen Signature	
Name (in block capitals)	IAN DUNLOP
Designation	AREA DIRECTOR

Patrick

Specimen Signature	
Name (in block capitals)	PATRICK O'SHAUGHNESSY
Designation	AREA DIRECTOR

Specimen Signature	
Name (in block capitals)	
Designation	

C BANK ACCOUNT DETAILS

The bank account details for the Project Sponsor to which grant payments should be made are as follows:

Account Number			
Bank Sort Code			

Bank Name			
Bank Address			
Postcode			

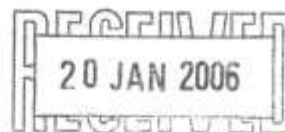
Please return no later than:

To: East of Scotland European Partnership
Glenelvan House
Enterprise Way
Carnegie Campus South
DUNFERMLINE
KY11 8PY



**EAST OF SCOTLAND OBJECTIVE 2
PROGRAMME 2000 - 2006**

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Project Reference	SEE ANNEX 1
Project Title	
Signature	
Name (in block capitals)	
Designation	
Date	

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I confirm that the following designated individuals are the authorised signatories for all ERDF grant claims submitted by this organisation.

Specimen Signature	[REDACTED]
Name (in block capitals)	ALAN GRAHAM
Designation	AREA DIRECTOR

C BANK ACCOUNT DETAILS

The bank account details for the Project Sponsor to which grant payments should be made are as follows:

Account Number	[REDACTED]
Bank Sort Code	[REDACTED]
Bank Name	Bank of Scotland
Bank Address	1 THE MOUND EDINBURGH
Postcode	EH1 1YZ



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Project Title	
Signature	
Name (in block capitals)	
Designation	
Date	

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I confirm that the following designated individuals are the authorised signatories for all ERDF grant claims submitted by this organisation.

Specimen Signature	[REDACTED]
Name (in block capitals)	JAMES FRASER
Designation	AREA DIRECTOR

Vicki*

Specimen Signature	[REDACTED]
Name (in block capitals)	VICKI MILLER
Designation	AREA DIRECTOR

Erika*

Specimen Signature	[REDACTED]
Name (in block capitals)	E. R. BYERS
Designation	DIRECTOR OF INDUSTRY ENGAGEMENT

C BANK ACCOUNT DETAILS

The bank account details for the Project Sponsor to which grant payments should be made are as follows:

Account Number			
Bank Sort Code			

Bank Name			
Bank Address			
Postcode			

Please return no later than:

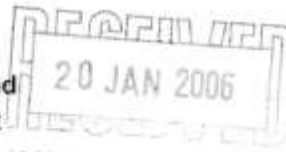
To: East of Scotland European Partnership
Glenelvan House
Enterprise Way
Carnegie Campus South
DUNFERMLINE
KY11 8PY



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Project Title	
Signature	
Name (in block capitals)	
Designation	
Date	

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I confirm that the following designated individuals are the authorised signatories for all ERDF grant claims submitted by this organisation.

Specimen Signature	[REDACTED]
Name (in block capitals)	DELIA E HOWLAND
Designation	Area Director Dumfries & Galloway

C BANK ACCOUNT DETAILS

The bank account details for the Project Sponsor to which grant payments should be made are as follows:

Account Number	[REDACTED]
Bank Sort Code	[REDACTED]
Bank Name	Bank of Scotland
Bank Address	1 THE MOUND EDINBURGH
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Project Title	
Signature	
Name (in block capitals)	
Designation	
Date	

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Specimen Signature	[REDACTED]
Name (in block capitals)	CATRIONA MACKIE
Designation	

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The bank account details for the Project Sponsor to which grant payments should be made are as follows:

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Project Title	
Signature	
Name (in block capitals)	
Designation	
Date	

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I confirm that the following designated individuals are the authorised signatories for all ERDF grant claims submitted by this organisation.

X Specimen Signature	[REDACTED]
Name (in block capitals)	KEN NEILSON
Designation	DIRECTOR OF CORPORATE SERVICES

Specimen Signature	
Name (in block capitals)	DAVID MUIR
Designation	HEAD OF FINANCE

Specimen Signature	
Name (in block capitals)	DAVID NOBLE
Designation	DIRECTOR OF NETWORK SERVICES

Specimen Signature	
Name (in block capitals)	WILLIE MACLEOD
Designation	DIRECTOR OF VISITOR SERVICES AND QUALITY

Specimen Signature	
Name (in block capitals)	RIDDELL GRAHAM
Designation	DIRECTOR OF STRATEGY PARTNERSHIPS AND COMMUNICATIONS

Specimen Signature	
Name (in block capitals)	MALCOLM ROUGHHEAD
Designation	DIRECTOR OF MARKETING

C BANK ACCOUNT DETAILS

The bank account details for the Project Sponsor to which grant payments should be made are as follows:

Account Number	[REDACTED]
Bank Sort Code	[REDACTED]

Bank Name	BANK OF SCOTLAND
Bank Address	1 THE MOUND EDINBURGH
Postcode	EH1 1YZ

Please return no later than:

To: East of Scotland European Partnership
 Glenelvan House
 Enterprise Way
 Carnegie Campus South
 DUNFERMLINE
 KY11 8PY



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Specimen Signature	
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Designation	HEAD OF FINANCE

Specimen Signature	
Name (in block capitals)	DAVID NOBLE
Designation	DIRECTOR OF NETWORK SERVICES

Specimen Signature	[REDACTED]
Name (in block capitals)	WILLIE MACLEOD
Designation	DIRECTOR OF VISITOR SERVICES AND QUALITY
Specimen Signature	[REDACTED]
Name (in block capitals)	RIDDELL GRAHAM
Designation	DIRECTOR OF STRATEGY PARTNERSHIPS AND COMMUNICATIONS
Specimen Signature	[REDACTED]
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Name (in block capitals)	
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Specimen Signature	
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Designation	DIRECTOR OF CORPORATE SERVICES

Specimen Signature	
Name (in block capitals)	DAVID MUIR
Designation	HEAD OF FINANCE

Specimen Signature	
Name (in block capitals)	DAVID NOBLE
Designation	DIRECTOR OF NETWORK SERVICES

Specimen Signature	[REDACTED]
Name (in block capitals)	WILLIE MACLEOD
Designation	DIRECTOR OF VISITOR SERVICES AND QUALITY

Specimen Signature	
Name (in block capitals)	RIDDELL GRAHAM
Designation	DIRECTOR OF STRATEGY PARTNERSHIPS AND COMMUNICATIONS

Specimen Signature	
Name (in block capitals)	MALCOLM ROUGHHEAD
Designation	DIRECTOR OF MARKETING

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