



FOR INFORMATION PURPOSES ONLY

(you must fill out and send the Catalan or the Spanish version of this form)

ANNEX 2: Application to be registered for the open call for grants to provide support for the exterior projection of edition and promotion of literature, thought, comic and illustration produced in the Balearic Islands during the year 2023

DESTINATION	Institut d'Estudis Baleàrics
DIR3 CODE	A04043879

APPLICANT

Natural person					
ID num/NIE/Passport	<input type="text"/>	Name	<input type="text"/>		
Surname 1	<input type="text"/>	Surname 2 (if applicable)	<input type="text"/>		
Legal person					
VAT code	<input type="text"/>	Company name	<input type="text"/>		
Email address	<input type="text"/>				
Postal address	<input type="text"/>				
Post code	<input type="text"/>	Localitat	<input type="text"/>	Town/city	<input type="text"/>
Region	<input type="text"/>	Country	<input type="text"/>		
Phone num. 1	<input type="text"/>	Phone num. 2	<input type="text"/>		

LEGAL REPRESENTATIVE

ID num/NIE/Passport	<input type="text"/>	Name	<input type="text"/>		
Surname 1	<input type="text"/>	Surname 2	<input type="text"/>		
VAT code	<input type="text"/>	Company name	<input type="text"/>		
Email address	<input type="text"/>				
Postal address	<input type="text"/>				
Post code	<input type="text"/>	Town/City	<input type="text"/>		
Region	<input type="text"/>	Country	<input type="text"/>		
Phone num. 1	<input type="text"/>	Phone num. 2	<input type="text"/>		
Mean of accreditation of the representation*	<input type="radio"/> REA		<input type="radio"/> Others <input type="text"/>		

*** For Spanish applicants only:** if you prove the representation by a mean different from the inscription in the Electronic Register of Powers of Attorney (REA), then you must attach the accreditation document and, in the section "Documentation to be attached", state that you are attaching this accreditation.

1.2. **Line a)**. Please, fill this section only in case of subsidy for the support of the **mobility**, according to the points 1.2. a) of the open call:

Zone: <input type="text"/>	Number of people traveling: <input type="text"/>
Number of overnights: <input type="text"/>	Accreditation: <input type="text"/> €

Island where the applicant was born o has his/her residence:

Majorca Minorca Eivissa Formentera

MAXIMUM AMOUNTS				
Zone		Travel cost per person	Overnight per person	Maximum
Balearic Islands	1 location	60 €	100 €	300 €
	+ 1	100 €		
Illes Balears (double o triple insularity)	1 location	150 €	100 €	400 €
	+1	250 €		
Rest of the Spanish territory	1 location	150 €	100 €	600 €
	+ 1	250 €		
Europe	1 location	350 €	100 €	1.000 €
	+ 1	500 €		
Outside Europe	1 location	1.000 €	100 €	1.500 €
	+ 1	1.200 €		

Total amount applied for: €

This amount must be substantiated with invoices

1.3. **Line b) publishing, and line c) promotion.** Please, fill this section only in case of subsidy for the support of the edition or promotion, according to points 1.2.b) and 1.2.c) of the call:

Budget without VAT: € (1)

Budget with VAT: € (2)

(1) *This is the base amount from which the eligible subsidisable amount is extracted.*

(2) *This is the amount which must be substantiated by invoices.*

Amount applied for from the Institut d'Estudis Baleàrics: €

2. DOCUMENTATION TO BE ATTACHED

Documentation	Attached
a) Accreditation of identity. If the applicant is a natural person: copy of ID card or passport. If the applicant is a legal person: copy of the VAT document and of the ID card or passport of the representative.	<input type="checkbox"/>
b) If the applicant is a legal person applying for lines b) or c), accreditation to be registered in the self-employed worker's tax register, the document proving that registration is currently valid, and the accreditation to be registered in the economic activities tax register (IAE).	<input type="checkbox"/>
c) If the applicant is a legal person, documentation accrediting the requisites of the condition of beneficiary (IAE, company's articles of constitution) and, if applicable, of the legal representation of the applicant if it has not been registered in the Electronic Register of Powers of Attorney (REA).	<input type="checkbox"/>
d) Declaration of joint responsibility using the standard form (appendix 3).	<input type="checkbox"/>
e) Request for authorization to subcontract persons or related entities (appendix 4).	<input type="checkbox"/>
f) Accreditation, if applicable, demonstrating that the entity is exempt from declaring VAT.	<input type="checkbox"/>
g) Descriptive and detailed project (it must include all information listed in point 8.c of the call).	<input type="checkbox"/>
h) Detailed budget of the project, according to the downloadable model at www.iebalearics.org .	<input type="checkbox"/>
i) In case of line b), contract signed with the author or the agent allowing the publication of the book.	<input type="checkbox"/>
j) In case of lines a) and c), invitation letter, contract signed by the applicant and the company organizing the activity, or accreditation voucher.	<input type="checkbox"/>
k) If applicable, for line c), documentation proving the working relationship between the applicant and the people taking part in the activity.	<input type="checkbox"/>
l) If applicable, sponsorship and funding plan of the project or activity.	<input type="checkbox"/>
m) Accreditation that the beneficiary is the holder of the given bank account.	<input type="checkbox"/>
n) Accreditation of being up-to-date with (subsidies over 3.000 €):	
- the Spanish National Treasury_____	<input type="radio"/>
- the Balearic Tax Agency_____	<input type="radio"/>
- the Spanish Social Security_____	<input type="radio"/>

3. BANK DETAILS

I hereby declare that I am the holder of the following bank account and request that the total amount of the grant must be paid into it.

Account IBAN code:	Additional non-Spanish IBAN code:
<input type="text"/>	<input type="text"/>
SWIFT (only for non-Spanish beneficiaries):	<input type="text"/>

, 2024
(Location, date and signature)

[Rúbrica]