

**RESPONSIBLE STATEMENT**

Mr/ Ms. \_\_\_\_\_, with  
Passport number \_\_\_\_\_ and nationality \_\_\_\_\_.

**DECLARES:**

That s/he is (position) \_\_\_\_\_ at  
(Institution) \_\_\_\_\_ and  
has appropriate permission to participate as an external associated member in the  
research group at Universidad Autónoma de Madrid coordinated by Mr/Ms.  
\_\_\_\_\_ and named  
\_\_\_\_\_.

Signed, in \_\_\_\_\_, on (day) \_\_\_\_\_ (month) \_\_\_\_\_, 20

Fdo:  
(The researcher)

Fdo:  
(Signed by the authority that authorizes the participation in the research group  
Authority's position at the institution)