

CONSIGNMENT AFFIDAVIT

Denton Program:

_____ / _____ (country name)

I certify that _____ of _____ is qualified to receive and to assume complete responsibility for the receipt and distribution of supplies in the manner directed by the donor and that the consignee will receive and distribute such supplies in the manner directed by the donor in accordance with guidelines issued by the U.S. Government, and that supplies transported to such consignee will be distributed on a non-commercial basis, free of costs to the person or persons receiving such supplies.

I agree to continue to supply the U.S. Agency for International Development with current information concerning those authorized to receive supplies; and in the event of improper use, to remove such designated consignees from lists furnished to the U.S. Agency for International Development.

DETAILS

| Donor | |
|---------------------|--|
| <u>Organization</u> | |
| <u>Address</u> | |
| <u>POC</u> | |
| <u>Phone No.</u> | |
| <u>E-mail</u> | |

| Consignee | |
|---------------------|--|
| <u>Organization</u> | |
| <u>Address</u> | |
| <u>POC</u> | |
| <u>Phone No.</u> | |
| <u>E-mail</u> | |

*(Donor Signature
and Title)*