



ANNEX 2

REFUNDING FORM FOR INDIVIDUAL SUPPORT – M2ICOS COD.2024-1-IT01-KA122-VET-000211936, CUP: G41B24000390006

Name:

Surname:

Mobility Destination: *write the name of hosting institution*

Type of Mobility: Short (up to 89 days) / Long (up to 180 days)

Full Name of Account Holder: (it MUST be related to beneficiary)

Bank Account ID:

SWIFT Code:

Means of justification provided: please provide proof of rental cost for the entire period of the mobility you are involved in

The justification documents must be provided to ESO within 30 days from the start of the mobility period. If the beneficiary fails to submit these justifications, ESO will not proceed with the monthly fee disbursement for the mobility, as outlined in the Call for Applicants



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