

**Recommendations for submitting an Application  
for reservation of persons liable for military service employed in the  
representative offices of donor agencies and executors of ITA projects**  
*(in case of absence of code according to the Unified State Register of Legal Entities,  
Individual Entrepreneurs and Public Organizations (EDRPOU))*

The Application to the Secretariat of the Cabinet of Ministers of Ukraine signed by the head of critically important institution must contain the following information:

*- regarding the critically important institution:*

1. Full name of the legal entity or separate structural subdivision of the legal entity;
2. Location of the legal entity or separate subdivision of the legal entity;
3. Surname, full name, patronymic (if any) of the head of the legal entity or separate structural subdivision of the legal entity;
4. The date of adoption and the number of the decision of the Secretariat of the Cabinet of Ministers of Ukraine on determining enterprise, institution, organization as critically important institution.
5. List of the employees, who are liable for military service, holding positions in representative offices of donor agencies and executors of ITA projects as of the date of the Application according to the attached Excel file in Ukrainian language;

*!!! Please note that in case of submission an application letter by an authorized person, the presence of a power of attorney issued in accordance with the established procedure is mandatory.*

*- regarding employee liable for military service who is proposed for a reservation:*

1. Last name, first name, patronymic (if any);
2. Registration number of the taxpayer's account card or series (if any) and passport number of Ukraine's citizen (for individuals who, due to their religious beliefs, have refused to accept the taxpayer registration card number, officially notified the relevant supervisory authority and have the relevant mark in their passport of Ukraine's citizen);
3. The period of the deferral (may not exceed 12 months, taking into account timelines of ITA projects and in accordance with employment contract);
4. Confirmation of monthly payroll during the period for which a deferral from military service will be granted during mobilization and wartime, not lower than the minimum wage in the country, multiplied by a coefficient of 2.5;
5. A document confirming direct involvement in the implementation of project tasks and defined as such in accordance with the internal documents of the contractor (order, job description, etc.);
6. Registration card of international technical assistance project, in implementation of which the employee liable for military service takes part (a copy of the document should be attached).

**LIST**  
**of the employees, who are liable for military service, holding positions in representative offices of donor agencies and executors of ITA projects**

\_\_\_\_\_  
 (name of the representative office of donor agencies, executors of ITA projects)

as of \_\_\_\_ \_\_\_\_ 20\_\_ p.

List of the employees liable for military service					
total					
№	Surname	Name	Patronymic (if any)	Availability of a valid deferral (yes/no)	Deferral period
1.					

Number of employees liable for military service			Ratio of the number of reserved employees and those proposed for reservation to the number of employees liable for military service, percentage
total	including		
	reserved	proposed for reservation	

\_\_\_\_\_  
 (title of the position of the head  
 of the representative office of donor agencies,  
 executors of ITA project)

\_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (full name and surname)

**LIST**  
**of the employees, who are liable for military service, holding positions in representative offices of donor agencies and executors of ITA projects**

\_\_\_\_\_  
 (name of the representative office of donor agencies, executors of ITA projects)

as of \_\_\_\_ 20\_\_ p.

Employees liable for military service, who are proposed for reservation for the period of mobilization and wartime									
№	Surname	Name	Patronymic (if any)	Date of birth (DD.MM.YYYY)	Registration number of the taxpayer's account card	Passport series (in case of refusal from the RNOKPP)	Passport number (in case of refusal from the RNOKPP)	ID-card number (in case of refusal from the RNOKPP)	Deferral period
1.									

\_\_\_\_\_  
 (title of the position of the head  
 of the representative office of donor agencies,  
 executors of ITA project)

\_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (full name and surname)