**ORESS 1 DECLARATION OF NEW PROJECT (OR1DD4)**

ORESS 1 Project Name: **[insert ORESS 1 Project Name] (the “ORESS 1 Project”)**

I, **[insert declarant name]** of **[insert address]** in the city / county of **[insert city / county]** a **[insert** **description of occupation]** aged eighteen years and upwards make Oath and say as follows:-

1. I am a director of **[insert ORESS 1 applicant company name]** [**insert Company Registration Number]** which has registered offices at [**insert address of applicant company]** (the “**Applicant** **Company**”). I have regard to the fiduciary duties which I owe to the Applicant Company by virtue of my role as a director of the Applicant Company and I am duly authorised to make this declaration on the Applicant Company’s behalf.
2. I hereby confirm that the ORESS 1 Project as described in the ORESS 1 Application for Qualification meets each of the criteria of a New Project as defined in the ORESS 1 Terms & Conditions.
3. I note that the Applicant Company / ORESS 1 Project may be subject to audit by the Minister and / or the TSO (or their respective nominees or agents) and required to demonstrate that the New Project criteria have been met in order to participate in ORESS 1.
4. Terms not otherwise defined herein shall have the meaning prescribed to them in the ORESS 1 Terms & Conditions.
5. I make this declaration conscientiously believing the averments within to be true for the satisfaction of EIRGRID PLC and pursuant to the provisions of the Statutory Declarations Act, 1938.

Sworn by the said (name)

At (address where affidavit sworn)

In the city of

Before me a Commissioner for Oaths/ Practising Solicitor

And I know the deponent/

The deponent has been identified to me by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who is personally known to me/

the identity of the deponent has been established by him/ her

by reference to (state photo document) of the deponent

this \_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Commissioner for Oaths/Practising Solicitor

|  |  |
| --- | --- |
| (Person who identified the Deponent)  I certify that I know the deponent |  |
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