

DECLARATION

Sponsor's legal representative	
Full name	
Date and place of birth	
Role	
Address	
Telephone	
Email	

Sponsor	
Name	
Tax identity number (tax code, VAT number or equivalent)	
Address	
Telephone	
Email and website	

This declaration is governed by articles 46 and 47 of Presidential Decree no. 455 of 28/12/2000 on declarations in lieu of certifications and affidavits.

I am aware of the liabilities and legal consequences arising from false declarations and from the use of falsified documents, and I accept that if this declaration is found to be false the benefits arising from it will be forfeited.

I DECLARE THAT:

- I have read the public notice published on the website of the Embassy of Italy in London inviting sponsorship proposals for 2020 and I accept, without reservation or exceptions, the provisions and conditions set out in the notice;
- I meet the criteria listed in the aforementioned public notice;
- None of the sponsor's legal representatives is disqualifiable under art. 80 of Legislative Decree no. 50 of 18 April 2016 and subsequent amendments, in particular as relates to criminal convictions; payment of taxes or welfare contributions in the sponsor's home country, in Italy or in the country where the sponsorship takes place; bankruptcy; conflict of interest; professional misconduct; and other grounds for exclusion under Italian law or analogous grounds for exclusion under the law of the country where the sponsorship takes place;
- None of the sponsor's representatives is disqualifiable for reasons relating to anti-mafia legislation or preventive measures;
- The sponsorship is consistent with the sponsor's activity as it is described in the sponsor's legal documentation/certificate of corporation.

I declare that the information provided above is true and correct.

I declare that there are no grounds for exclusion of the attached proposal and that the sponsor meets the stipulated criteria.

I accept, without reservation or exceptions, the provisions and conditions given in the public notice.

Place and date:

Full name and role

PLEASE ATTACH A COPY OF THE IDENTITY DOCUMENT OF EACH SIGNATORY