



Embassy of Italy
London

SELF-DECLARATION AFFIDAVIT
(according to art. 47 and art.19 of D.P.R. n. 445/2000)

I, _____,
(Family Name, First Name)

Address: _____

Tel. _____, Fax _____

email _____

DECLARE

as a legal representative in the name of and on behalf of _____

(name of the Company)

Address _____

VAT no. _____

that the above Company meets the criteria required by art. 80 of Legislative Decree n. 50/2016.

Date and place

Signed by and on behalf of
