**Substitutive declaration of requirements**

**according to the D.P.R./Decree of the President of the Republic No 445/2000**

The undersigned ……………….......................................... ..................................................

born in………................................. (...............................................) on .................................

domiciled for the position where below, acting as (**\***) …………..............................................

of the company ……………… .......................................... ......................................................

based in......................…………………………… (……………………………………………….), Street/Square ....................................................................... No ................. Zip Code……….

applying as (**+**)..........................................................................................................................

fully aware of the criminal liability it faces - pursuant to and for the purposes of art. 76 D.P.R./Decree of the President of The Republic no. 445/2000 -, in the case of false declarations or making, displaying or use of false documents or of documents containing data that are no longer truthful,

declares and certifies under its own responsibility

1) (**§**) that the company is registered in the corporate/business register/list held by ……………………………………………………………………..for the following activity (s):

........................................... ..............................................................

......................................................................... .................................

...........................................................................................................

...........................................................................................................

and that the registration data are the following:

➢ registration number ……………………………

➢ date of registration …………………………….

➢ form of business (*ex. sole proprietorship, limited liability company, corporation, holding company, etc.*) ………

………………………………………………………………………………………………………….

➢ headquarter ……………………………………………………………………………. …..

➢ tax ID code and VAT ID number ………………………………………………………….

➢ owners, associates, CEO, technical directors, limited partners:

*(referring to the here above categories, provide for each person first and family name, position, birth place and date)*

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** | **Family name** | **Position** | **Birth Place and Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

2) not to fall into any of the exclusion grounds provided for by art. 80 of Legislative Decree 50/2016 and subsequent amendments;

3) to authorize the processing of personal data pursuant to the provisions of Legislative Decree 101/2018.

Indicate IBAN and SWIFT bank details:

IBAN:

SWIFT:

NAME OF BANK

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Digital signature of the legal representative of the applying company)****#***

There \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(\*)*** *The declaration must be given by the legal representative of the company or a special attorney. In the latter case, a special power of attorney must be provided by the company from which the special attorney derives his/her signing power. Pls state if acting as “legal representative” or “special attorney”.*

***(+)*** *Information to be provided refers to the company. Pls insert the appropriate wording among “Single company”, “Coordinator company of a temporary association of companies” or “Principal company of a temporary association of companies”*

***(§)*** *Foreign companies must provide the data of the inscription into the Business/Corporate Register in force in the country where the company self is headquartered, from which it appears that the company is registered with a specific corporate purpose/activity*.

**#** in the case of a **non-digital handwritten signature** – this form must be printed, filled in, signed (with handwritten signature) and scanned. **It is mandatory, under penalty of invalidity of the declaration) to send together with the scanned form a copy of the identity document (identity card or passport) of the person who signed the form self.**