Annex A

# 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 Abuja inviting sponsorship proposals for 2022 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