



DECLARATION IN LIEU OF CERTIFICATION RELATIVES UP TO THE SECOND DEGREE OF KINSHIP/AFFINITY

(Article 46 Presidential Decree 445/2000)

To be completed only in the case of reimbursement for family members

The undersigned _____ born in _____ Prov. ()
 On ____ / ____ / ____ Tax code _____ residing in _____ Prov. ()
 at Via _____ No. _____ Postcode _____

Aware of the criminal sanctions provided for in the case of false declaration, as established by Article 76 of Italian Presidential Decree 445/2000

HEREBY DECLARES

that on the date of this application: ____ / ____ / ____

the family members up to the second degree of kinship/affinity in reference to the legislation in force at the date of this self-certification, are the following:

KINSHIP/AFFINITY	FIRST NAME	SURNAME	DATE OF BIRTH	PROVISIONAL TAX CODE	FINAL TAX CODE

Furthermore, they declare to be aware that Ebitemp has the right to ask to see documentation relating to the family status and income of the family member for whom reimbursement is requested; should the aforementioned certification prove to be untrue, Ebitemp has the right to any disciplinary action provided for by the Statute/Regulations, recovery of the sums paid and compensation for any damage. In witness whereof.

Place _____ Date ____ / ____ / ____ Signature _____

NOTICE: Pursuant to Article 75 of Italian Presidential Decree 445/2000, if as a result of a check it emerges that the content of the declaration is untrue, the declarant shall forfeit any benefits derived from the measure issued on the basis of the untruthful declaration. Anyone who makes false statements, produces false documents and makes use of them shall be punished in accordance with the Italian Criminal Code and the relevant special laws. The presentation of a deed containing data that no longer corresponds to the truth is equivalent to the use of a false deed. Declarations in lieu are deemed to have been made to a public official. Information pursuant to Article 10 Italian Law 675/96: the above data are prescribed by the provisions in force for the purposes of the procedure for which they are required and will be used exclusively for this purpose.

Expression of consent for family members up to the second degree of kinship/affinity pursuant to EU Regulation 2016/679 GDPR (Privacy) ...The... family member(s) declare(s) to have been informed of the information referred to in Article 13 EU Regulation 2016/679 (GDPR) and hereby freely express(es) their consent, pursuant to Article 9 Regulation (EU) 2016/679 (GDPR), to the communication of their personal and sensitive data to the parties indicated by Ebitemp for the processing of data aimed exclusively at handling reimbursements, declaring to be aware of the rights recognised by Articles 15 et seq. of the aforementioned GDPR Regulation.

Place, date and signature of the applicant for assisted minors

Place _____ Date ____ / ____ / ____ Signature _____

Expression of consent by assisted adults:

First name _____ Surname _____ Signature _____

First name _____ Surname _____ Signature _____

First name _____ Surname _____ Signature _____