

DECLARATION

The undersigned.....
born...on....., resident in.....
postcode.....City.....Province.....

aware of the responsibilities and penal sanctions established by law resulting from mendacious declarations and false testimonies, declares, under his/her own personal civil and criminal responsibility and in order to receive the financial services provided for by the Fasi Statute-Regulations, that the members of his/her family unit, comprised as shown in the attached family status certificate, are related to him/her by the following family ties

Surname	First name	Relationship	Date of birth
1).....			
2).....			
3).....			
4).....			
5).....			

He/she moreover declares, also pursuant to Law no. 196/2003, that he/she authorises Fasi to perform any necessary checks on the truthfulness of the above declarations, showing this declaration to public and private authorities.

Legible signature of declarant
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Details and copy of an identity document
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