

**DECLARATION OF RESPONSIBILITY**

The undersigned.....

born in ..... on .....

domiciled in .....

Street/road: ..... no. ....

**DECLARES**

under his/her own responsibility that he/she does not receive monthly incomes in excess of the income limit set by the Fund.

He/she also declares that he/she is a dependent of .....

enrolled with Fasi with membership no. ....

Date .....

**Signature**

.....

**Note: Please note that the monthly amount set by the Fund for 2024 is €740.00.**