**FORM 1** self-certification (self-attested affidavit) in place of an attested affidavit

(art.47 DPR 28.12.2000 n.445)

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (town/city)\_\_\_\_\_\_\_\_\_\_\_\_ (Country) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date of birth) \_\_\_\_\_\_\_\_\_\_\_\_Tax code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as Legal Representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(indicate the name of the Applicant)*

VAT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*phone*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

aware that providing false information and/or false documents is subject to criminal penalty and forfeiture of rights, should the Consorzio Teatro Pubblico Pugliese, after carrying out verification, identify untruthful contents in the present declarations under articles n. 75 (forfeiture of rights) and 76 of D.P.R. n. 445 of December 28, 2000, hereby **DECLARE**

|  |
| --- |
| 🞎 that I hold a VAT Number with ATECO code NACE code 59.2…;  🞎 that I comply with the current **employment laws** and **collective labour contracts** in force in the state of origin of the Applicant;  🞎 that I have no arrears in the payment of social security contributions to National Social Security;  🞎 that I am not in any of the conditions of exclusion from participation in calls for proposals pursuant to art. 80 of Legislative Decree no. 50/2016 *Codice dei Contratti*. |

Finally, should my project be included in the “Parco Progetti” (“folder of artistic-cultural music projects”) Puglia Sounds Record 2023, I do hereby **AUTHORIZE** the publication of my project in full or in excerpts on the institutional sites of Puglia Sounds - TPP - Regione Puglia.

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

*(Place and Date)* Legal Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_*(signature)*\_\_\_\_\_\_\_\_\_\_\_\_