Dear

Agenzia Italiana Del Farmaco

Via del Tritone, 181

00187 ROMA

**POWER OF ATTORNEY**

**Self declaration affidavit**

**(articles 47 and 48, D.P.R. 20th December 2000 n. 445)**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_, tax code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ID card. \_\_\_\_\_\_\_\_(which is attached),

DECLARES

1. pursuant to article 76 of D.P.R. 20th December 2000, no. 445 to be aware that anyone who makes false statements, issues false documents or uses them in the cases referred to in this text is punishable according to the Penal Code and special laws and incur, furthermore, in loss of benefits in accordance to article 75 of D.P.R. no.445/2000,
2. to act as legal representative of the company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with legal headquarter in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, tax code and VAT ID no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SIS code\_\_\_\_\_\_\_\_\_\_,

HEREBY AUTHORISE

Mr/Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_born in \_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_, tax code no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive information, to sign receipts and to collect any document, administrative act and authorization released by AIFA on behalf of the society \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**I, the undersigned, authorize my personal data treatment, in accordance with D.Lgs. n. 196/2003 and articles 4 and 13 of Reg. 2016/679/UE.**

Place, date

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

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

Signature of the legal representative

**Attached: Copy of ID cards of the legal representative.**