Dear

Agenzia Italiana Del Farmaco

Via del Tritone, 181

00187 ROMA

**REVOCATION 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),

HEREBY 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\_\_\_\_\_\_\_\_\_\_,
3. To have revoked the power of attorney of Mr/Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_born in \_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_, tax code no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Place, date

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

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

Signature of the legal representative

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