Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the Director of SISSA

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in service at ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

to have been a SISSA employee as \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and to have been retired since/ to have terminated the employment in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

to be a family member of (indicate the relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who has been former SISSA employee and deceased on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTS

to be granted a subsidy as referred to in the Regulation of the School, for the following reason(s):

death (art. 3)

illness (art. 4)

dental care and dental prosthesis (art. 5)

theft and bag-snatching (art. 6)

extraordinary assistance (art. 7)

pursuant to Presidential Decree 445/2000 is aware that false declarations are punishable pursuant to Arts. 483, 495, 496 of the Penal Code and special laws, and declares the following:

1. To have been born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To be resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) that his/her household is formed by the following:

|  |  |  |
| --- | --- | --- |
| Surname and name | Date of birth | Relationship |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

The undersigned declares that the expenses borne and documented for which he/she has applied for subsidy have not been reimbursed and will not be reimbursed by the National Health Service or by other Entities or Insurance companies.

Please find attached:

* All the original receipts or certified copies of all the expenses
* Documentation stating the household total income
* Any other useful documentation (description)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(signature)

The undersigned agrees that the personal data submitted shall be treated according to Legislative decree 196 dated 30.06.03 as modified by Legislative Decree No. 101 dated 10.08.2018 that has brought into force the EU General Data Protection Regulation 2016/679.

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