**ANNEX A.2**

**REGISTRATION FORM TO THE REGISTER OF SUPPLIERS OF GOODS AND SERVICES OF THE CENTRE OF INTEGRATED GEOMORPHOLOGY FOR THE MEDITERRANEAN AREA**

*Space reserved for the incoming protocol*

The undersigned,

under his own responsibility and aware that, under the D.P.R. n. 445/2000, false statements, falsified acts and the use of false documents (including originals and authenticated copies), in the cases provided for by law, shall be punished under the Penal Code and special laws on the subject and cause the disbarring from the register, declares as follows:

└─────────────────────────────────────────────────────────────────────────┘ Company Name

└─────────────────────────────────────────────────────────────────────────┘

Legal nature

└─────────────────────────┘ └─────────────────────────┘

Fiscal code VAT Number

└─────────────────────────┘

Quality Certificate[[1]](#footnote-1)

└─────────────────────────┘ └─────────────────────────┘

Court Location Company Registration Number (Court)

└─────────────────────────┘ └─────────────────────────┘

CCIAC Location CCIAC Number

└─────────────────────────┘ └─────────────────────────┘

SSS Competent Office SSS Number

└─────────────────────────┘ └─────────────────────────┘

INAIL Associated Competent Office Insurance Number

**LEGAL REPRESENTATIVES OR ATTORNEYS**

└─────────────────────────┘ └─────────────────────────┘

Surname Name Position

└─────────────────────────┘ └─────────────────────────┘

Surname Name Position

└─────────────────────────┘ └─────────────────────────┘

Surname Name Position

**CORPORATION STOCK**

└─────────────────────────────────────────────────────────────────────────┘

**LEGAL HEAD OFFICE**

└─────────────────────────────────────────────────────────────────────────┘

Address

└────────┘ └──────-------------------------------------------------------------------------------------------------------──┘

Zip Code Locality

└───────────────────┘ └───────────────────┘ └─────-----──────────────┘

Phone Fax e-mail

**HEADQUARTERS**

└─────────────────────────────────────────────────────────────────────────┘

Address

└────────┘ └──────-------------------------------------------------------------------------------------------------------──┘

Zip Code Locality

└───────────────────┘ └───────────────────┘ └─────-----──────────────┘

Phone Fax e-mail

**CONTACT PERSON**

└─────────────────────────────────────────────────────────────────────────┘

Name

└───────────────────┘ └───────────────────┘ └─────-----──────────────┘

Phone Fax e-mail

Requires the registration in the Goods and Services Suppliers Register in the following classes:

└────────┘└────────┘└────────┘└────────┘└────────┘└────────┘

└────────┘└────────┘└────────┘└────────┘└────────┘└────────┘

└────────┘└────────┘└────────┘└────────┘└────────┘└────────┘

└────────┘└────────┘└────────┘└────────┘└────────┘└────────┘

Attachment:

- Unauthenticated photocopy of an ID document of the undersigned;

The use of business and personal data is authorized by CGIAM under the d.lgs. n. 196/ 2003 (Privacy Protection Policy). The business and personal data will be used by this administration for the registration management and will be used by IT tools and can be, in terms of law, examined, modified, supplemented or deleted by you (d.lgs. n. 196/2003).

Date

Stamp Signature of the legal representative

Space reserved to the office

|  |
| --- |
| PROGRESSIVE NUMBER OF REGISTRATION OF ---------------------------------------------- ---------------------------------------------- |

**A.2.a SELF-CERTIFICATION FORM AND EQUIVALENT DECLARATION OF CERTIFICATION ACCORDING D.P.R. n. 445/2000**

Usable for the documents relative to natural persons (court records, pending charges, citizenship and residency).

Under the D.P.R. n. 445/2000, the declaration that the declarant makes in its own interest can also concern circumstances, facts and qualifications relating to other subjects of which he has direct knowledge.

The undersigned └─----------─────-------------------------------------------------------------------------------------------------------──┘

Born in └─────────────────────────┘ on └─────────────────────────┘

Living in └─----------─────--------------------------------------------------------------------------------------------------------------------──┘

In (Street, square ....) └─----------───-------------------------------------------------------------------------------------------------------─┘

Aware of the penalties referred to D.P.R. n. 445/2000, in case of false statements, false documents

**(Please choose one of the following options)**

With reference to himself

with reference to Mr./Ms. └─-----───-------------------------------------------------------------------------------------------------------─┘

acting └─----------──----------------───-------------------------------------------------------------------------------------------------------──┘

of the Company└─----------─-----------─-------------------------------------------------------------------------------------------------------─┘

Declare that:

* the court records of └─────────────────────────┘is null;
* there are any pending charges at the attorney's office on the whole national territory;
* is a citizen └─-----───----------------------------------------------------------------------------------------------------------------─┘
* lives in └─-----───---------------------------------------------------------------------------------------------------------------------─┘
* in (Street, square ....) └─------------------------------------------------------------------------------------------------------------─┘

Attachment:

- Unauthenticated photocopy of an ID document of the undersigned

DATE SIGNATURE

1. In the item "Quality Certificate" please insert:

- "YES" if currently you are in possession of certifications or quality documents; in this case, the certificate must be attached to the summary report of the company;

- "NO" in the opposite case [↑](#footnote-ref-1)