ANNEX B - DECLARATION TO SUBSTITUTE CERTIFICATION

(Art. 46, D.P.R. 445 del 28.12.2000)

– Form for auto-certification of enrolment–

The undersigned (Complete Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( \_\_\_\_\_\_ ) Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ house number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE

Home/office phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aware of the sanctions foreseen in Art. 76 of Law n. 445 of 28 Dec. 2000 for providing false information and declarations or the use of false acts, I declare the following under my own responsibility:

 - I enrolled in the 2020/2021 academic year as a first year student at the University of Rome Tor Vergata, in the Faculty of Economics in MSc Finance and Banking.

 - I am regularly enrolled in the 2021/2022 academic year as a second year student at the University of Rome Tor Vergata, in the Faculty of Economics in MSc Finance and Banking. The normal duration of the Degree Programme is two years (D.M. 270/04).

- I have received and understood the Privacy Policy Disclosure in reference to Art. 13 of the EU Regulation 2016/679 on the processing of personal data pertaining to the assigning of 2 ‘MATRICOLE’ scholarships for students who enrolled in the 2020/2021 academic year as first year students of MSc Finance and Banking at Tor Vergata University of Rome. Moreover, I confirm that I am aware that my personal information will be processed in the manner and for the purpose indicated in the Privacy Policy Disclosure statement.

Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (complete and legible signature of name)