# De Minimis Declaration

I, the undersigned, representing Name of the organisation, declare that:

[ ]  The institution I represent /*and all other entities belonging to the same company group as my institution/*have not received any contribution falling under the *de minimis* regulation during the previous three fiscal years (this being the current fiscal year and the previous two fiscal years).

[ ]  The institution I represent */and all other entities belonging to the same company group as my institution/*have received contribution(s) falling under the *de minimis* regulation during the previous three fiscal years (this being the current fiscal year and the previous two fiscal years):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organisation, provider of aid** | **Country of organisation providing aid** | **Contact details of organisation providing aid** | **Legal name and registration number of aid receiver** | **Amount of aid** | **Date of granting aid** |
| 1.  |  |  |  |  |  |
| 2. |  |  |  |  |  |
| … |  |  |  |  |  |

I verify that information provided in declaration is true and I take full responsibility for it.

|  |  |
| --- | --- |
| Date | Click here to enter a date. |
| Signature |  |
| Name of the signatory | Click here to enter text. |
| Position in the organisation | Click here to enter text. |
| Name of the organisation | Click here to enter text. |