**Self-declaration affidavit**

I, the undersigned

(Name)

(Surname)

Place of birth (Town/State)

Date of birth (dd/mm/yyyy)

Nationality

Gender

Permanent residence address (number/street/town/postal code/Country)

Email address

being aware of the criminal sanctions for false declarations and producing or submitting false documents, as well as the sanctions as provided under article 2 of Decree-Law no. 33 of 16 May 2020, converted into Law no. 74 of 14 July 2020, under my responsibility

**DECLARE**

I am holder of a permanent position or temporaryresearch contract with [Insert Name of employer] and in quality of employee I am guaranteed limited insurance coverage for civil liablity and work accidents in connection with my official business trip (insurance policies n.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and n.\_\_\_\_\_\_\_\_\_\_\_\_\_respectively, valid till\_\_\_\_\_\_\_\_\_\_\_\_ stipulated with[Insert Name of insurance company]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

That the cover for civil liability is limited to my official business activities in this connection. However, in the event of intent or gross negligence on my side, [Insert Name of employer]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_may hold me liable for the financial damage suffered;

That the coverage for work accidents is likewise subject to the decision of the [Insert Name of insurance company] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . In each case, the insurance company will assess whether or not an accident is an industrial injury.

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

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-certifications must be signed by the candidate and accompanied by a photocopy of a valid pictured identity document.