**To the Italian Trade Agency (ITA)**

**New York Office**

**33 East 67th Street**

**New York, NY 10065**

**Email:** **newyork@ice.it**

**Application form for expression of interest/selection of economic operators to be invited to RFP for amounts below the European community threshold (Euro 221,000.00), to be carried out pursuant to:**

* **art. 36, paragraph 2, letter a) of Legislative Decree 50/2016, and subsequent amendments and additions;**
* **art. 10 of Ministerial Decree no. 192 of 21 November 2017;**

**for Dining Management Services (Four-Course Seated Dinner) on January 12, 2019 from 8:00pm to 11:00pm.**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and legal representative of (company) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with registered office in (full address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Federal tax ID no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the person proposing this expression of interest, aware of the criminal liability that may be faced in the event of false statements, and

**HAVING NOTED**

all the conditions and terms of participation established in Notice no. 29415/18 published on the website of the Italian Trade Agency office in New York on the 19th of November 2018,

**I EXPRESS**

the interest in participating in the RFP indicated above and

**I DECLARE**

* that the above-mentioned applicant meets the requirements for participation in the above RFP:
* to accept that any communication relating to the procedure in question is sent to the following company e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
* to be informed, pursuant to and for the purposes of Article 13 of the EU Regulation 679/2016, that the data collected in this form and in the attached documentation will be processed, including electronically, exclusively in the context of the procedure for which this statement is made.

Signature of declarant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_