

Work Activity Certificate Form

Sworn Affidavit

(Article 47 of Presidential Decree no. 445 dated 28/12/2000)

I the undersigned _____

Born in _____ Prov. _____

on ____ / ____ / _____ Tax ID Code _____

aware that the Administration reserves the right to carry out checks on the truthfulness of the declarations, and that, without prejudice to the sanctions provided for by Article 76 of Presidential Decree 445/2000, if the check reveals that the content of the declaration is not true, the status of student worker/student will be revoked

DECLARE

Employee or Continuous and coordinated contractual relationship based on one or more projects (Italian co.co.co contract)

(fill in the box below only if it corresponds with the type of work performed)

that I have carried out with, a contract of employment or with a contract of continuous coordinated work, at least three months of work commitment with at least four hours per week in the 12 months preceding the deadline for obtaining student worker status

or

that I have carried out, with a contract of employment or with a contract of continuous coordinated work, not less than thirty working days in the 12 months preceding the deadline for obtaining student worker status

at:

Name of Employer/Contractor

VAT number/tax ID code of the employer/tax ID code of the client

Full address of place of activity/ registered office (*street, street number, postcode, city, province*)

Institutional address of the employer/client (*indicate: PEC certified e-mail, e-mail and telephone number*)

Business activity

(fill in the box below only if it corresponds with the type of work performed)

that I have carried out business activities for at least 3 months in the 12 months preceding the deadline for to obtaining student worker status

company data:

Company name

Chamber of Commerce registration number Municipality of the Chamber of Commerce

Registration period *(indicate the registration start date in **dd.mm.yyyy** format, and if applicable also the end date)*

Institutional address *(indicate: PEC certified e-mail, e-mail and telephone number)*

Exercise of an art or profession

(fill in the box below only if it corresponds with the type of work performed)

that I have exercised an art or profession for at least 3 months in the 12 months preceding the deadline for obtaining student worker status

Activity data:

Professional Register/List

Professional Register/List registration number

Registration period *(indicate the registration start date in **dd.mm.yyyy** format, and if applicable also the end date)*

Institutional address *(indicate: PEC certified e-mail, e-mail and telephone number)*

Self-employed work

(fill in the box below only if it corresponds with the type of work performed)

that I have been self-employed for at least 3 months in the 12 months preceding the deadline for obtaining student worker status

Activity data:

Professional Register/List

Professional Register/List registration number

VAT code opening period *(indicate the date of opening of the VAT registration number in the format **dd.mm.yyyy**, and if appropriate also the date of closure)*

Institutional address *(indicate: PEC certified e-mail, e-mail and telephone number)*

Date _____

Legible signature _____

NB: for the section of interest, corresponding to the type of work activity carried out, all fields must be filled in correctly and appropriately.