**Formal Declaration**

paid for lecture

**in the framework of the project with ID ................. for a contract from ............... to ............**

Full Name: **……………………………………………..............…………..**

Father's Name: ...................... Mother’s name: .…..................

Gender: Male [ ]  Female [ ]  Date of birth: .………………………

Level of studies (please select one of the options below):

Secondary Education Certificate (General or Technical) / Professional School Diploma [ ]

Professional Training Diploma [ ]  Applied Science Degree [ ]

University / Technical University / Open University Degree [ ]  Postgraduate Degree [ ]  PhD [ ]

Nationality……………………………………….

Address: ........................................………..., City: ................................................, Postal Code: ..….…....

Contact Tel. No.: ..…………….……………….., e-mail address ……………………..

ID Card No.: ............…........…….. or Passport No: ......................……

Tax Ident. No. ………………………Tax Office: ………………

Social Insurance No. ..................................

Insured No. …………………………………..

Bank account: IBAN: ……………………………………………….., Bank: …………………..

I hereby instruct the Special Account for Research Funds of the University of Crete to credit the claims of the above contract, of which I am the beneficiary, to the above bank account (I enclose a photocopy of the first page of the corresponding bank booklet).

On my own responsibility and knowing the sanctions provided for by the provisions of paragraph 6 of article 22 of Law 1599/1986, I declare that:

***(Select one of the following)***

* Under the statutory framework (Law 4308/2014 on Greek Accounting Standards, related arrangements and other provisions) and the guidelines of Decision No. 1003/31-12-2014) as in force from 1.1.2015, I do not exercise any business activity nor am I a registered entrepreneur or liable to implement the Greek Accounting Standards for any other activity or cause.
* I practice a self-employed profession as……………………

Date ............................................

**THE DECLARANT**

…..…………………………….

(Name / Signature)