

DECLARATION IN LIEU OF AFFIDAVIT
(PURSUANT TO ARTS. 47 & 38 OF PRESIDENTIAL DECREE NO. 445/2000)

SECTION I

ANY OTHER ASSIGNMENTS/POSITIONS HELD AND ABSENCE OF CONFLICTS OF INTEREST

I, the undersigned [surname and name] Hansson, Anders
born in [place, country] Trelleborg, Sweden on August 15, 1964
resident in [full address] Väka, Bidsborg, Edlebruk, Sweden
ZIP Code SE-59095

being aware that:

- I am liable to the punishments provided for by the Italian **criminal code** and **specific laws** on the matter if I make fraudulent statements, produce or use false documents or produce documents containing details that are no longer valid (art. 76 of Presidential Decree no. 445/2000);
- I will lose any benefits awarded on the basis of false representations if the check performed by the Administration reveals any falseness in the contents of my declaration (arts. 71 & 75 Presidential Decree no. 445 of 28 December 2000).

DECLARE

1) pursuant to art. 15, para. 1, letter c), of Legislative Decree no. 33/2013:

- that I am not carrying out an assignment, nor do I hold a position in a private organization regulated or funded by the Italian Public Administration;
- that I am carrying out one or more assignments and/or hold a position in a private organization regulated or funded by the Italian Public Administration and/or exercise a profession. In this case please provide details in the table below:

Position/assignment/profession	Organization/Company

I FURTHER CONFIRM:

2) pursuant to art. 53, para. 14, period two, of Legislative Decree 165/2001

that I have no conflicts of interest or potential conflicts of interest to declare¹.

Place and date

Signature  (*)

SECTION II

LIMITS TO PAYMENTS RECEIVED

(to be completed in the case of more than one assignment awarded by the University of Siena or any other Italian Public Administrations)²

The undersigned as:

AN EXCLUSIVELY SELF-EMPLOYED WORKER

In the case of more than one assignment conferred by the University of Siena and/or any other Italian Public Administrations

- o **identify the University of Siena** as the Public Administration that has **awarded me the primary assignment** in economic terms, and therefore declare that I hold the following ongoing assignments/appointments paid for with public finances³:

Organization	Type of assignment / appointment	Total amount	Duration	Annual amount (in the case of assignments lasting more than 1 year, divide the total amount by the number of years)

¹ A conflict of interest can be defined as a situation in which the worker has personal interests that conflict or could conflict with those pursued by the Client/Employee. In particular, the conflict may concern a (private) interest of the worker that is against the (public) interest of the Administration.

Personal interests can be of a tangible or intangible nature: in particular, by way of an example, but not excluding other possible situations, in the case of a research/consultancy contract the performance of professional activities within a partnership can constitute a potential conflict of interests if the researcher/consultant can indirectly favour his/her partnership through his/her decisions.

² For details regarding implementation see Circulars no.8 of 03/08/2012 and no.3 of 18/03/2014 of the Civil Service Department.

³ In the case of other assignments/appointments conferred subsequently to the date of this declaration, if the condition is still valid (i.e. the University of Siena is the public administration that has awarded the primary assignment in economic terms), the declarant is obliged to inform the University of Siena, by 30 November of the year in question, of any changes regarding his/her payment situation, indicating the Organization, the type of assignment, the total amount, duration and annual amount (in the case of assignments lasting more than 1 year, divide the total amount by the number of years).

		Total		Total

- do not identify** the **University of Siena** as the Public Administration that has **awarded me the primary assignment** in economic terms, and confirm that I am aware of the obligation to send the University of Siena a declaration concerning my other ongoing assignments paid for with public finances.

Place and date

Signature  (*)

EMPLOYEE OF ANOTHER ITALIAN PUBLIC ADMINISTRATION

confirm that I am aware of the obligation to send the administration I work for a declaration concerning ongoing assignments/appointments paid for with public finances by 30 November of the year in question.

Place and date

Signature _____ (*)

HOLDER OF A PENSION paid by social security (therefore excluding complementary or supplementary pensions)⁴

declare that I receive pension payments amounting to an annual total of € _____, net of any deduction in the form of a contribution to the solidarity fund under art. 1, para. 486, of the stability law for 2014 and confirm that I also hold the following ongoing assignments/appointments paid for with public finances:

Organization	Type of assignment/ appointment (payments subject to confirmation that targets set the previous year have been met are paid on a cash basis)	Total amount	Duration	Annual amount (in the case of assignments lasting more than 1 year, divide the total amount by the number of years)

⁴ In the case of a pension received after the date of this declaration, but while the assignment is still ongoing, the recipient is required to inform the University of Siena promptly of any pension payments received.

		Total		Total

Identify the University of Siena or _____ (give the name of the administration, headquarters and competent office) as the organization that confers my primary assignment.

Place and date _____

Signature _____ (*)

Pursuant to art. 21, para. 2 of Presidential Decree no. 445/2000 I confirm that the above declaration was signed in my presence by the declarant:

Mr/Mrs/Ms ANDERS GUMMAR HANSSON

Proof of identity provided PASSPORT

no. 640815 issued on 26/1/2016 by [REDACTED] SVEJFA

_____, who was forewarned of the criminal liability applicable in the case of false declarations (art. 76 Presidential Decree no. 445/2000).

Siena, 2/4/2019

Officer in charge [Signature]
(Area for authentication of signature)