

**SUBJECT: INTERREG V CROSS-BORDER COOPERATION PROGRAM - A ITALY-MALTA 2014-2020 -
 "MOVE ON" PROJECT - CROSS-BORDER MOBILITY THROUGH VOUCHER SUPPLY "- Project code:
 C2-2.2-112 - CUP code: G77H20001510004**

**EXHIBITION OF INTEREST FOR SICILIAN AND MALTESE COMPANIES AVAILABLE TO
 ACCOMMODATE RECIPIENTS OF CROSS-BORDER MOBILITY VOUCHERS FOR THE
 IMPLEMENTATION OF INTERNSHIP INTERNSHIP**

DECLARATION OF MEMBERSHIP

The undersigned _____,
 born in _____ (_____) on _____
 and resident in _____ (_____), post code _____,
 street _____,
 Mobile phone _____,
 e-mail _____,
 Fiscal Code _____,
 as legal representative of the proposer company indicated below

PROPOSER COMPANY DETAILS				
Company name:				
Address:		Region	Post code	
street,			nr.	
Tel.		fax:		
e-mail:				
Fiscal Code		VAT number:		
Organization profile	Company <input type="checkbox"/>	Association <input type="checkbox"/>	Other tipe of organization <input type="checkbox"/>	
Field of activity	Blue economy <input type="checkbox"/>	Health and quality of life <input type="checkbox"/>	Environment protection <input type="checkbox"/>	Services for sustainable tourism <input type="checkbox"/>

ASKS TO JOIN

The project and the planned cross-border network of companies in order to be able to receive all the information in terms of opportunities for collaborations, financing and training; also asks to be able to participate, without any commitment, in the selection of structures for the activation of extracurricular internships.

DECLARES

Please tick the options of interest

- Have operational headquarters in Malta

To be in possession of the participation requirements required by the expression of interest, or to fall within the definition of a company referred to in Art. 1 of Annex 1 of Reg. (EU) no. 651/2014 and be operating in one of the following sectors:

- Blue Economy
- Health and Quality of Life
- Environment protection
- Services for Sustainable Tourism

Place and date _____

Signature _____

Furthermore, it authorizes the processing of personal data, including sensitive data, pursuant to European Regulation n.2016 / 679

Place and date _____

Signature _____

ATTACHED DOCUMENTS

Attached:

- Copy of a valid identity document