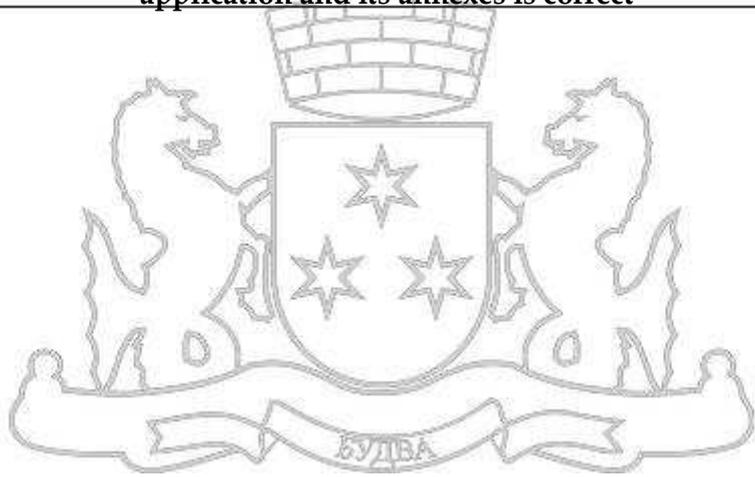


IV - COMMENTS:

I declare, under full material and criminal liability that all information given in the application and its annexes is correct



Date of form submission _____

M.P

Signature of authorized person _____

Filled in by taxation body

Application number : ___/___ - _____ Date submitted: ____ . ____ . ____
Name and surname of authorized employee: _____
Signature: _____