



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF TRANSLATIONAL MEDICINE

Via Solaroli, n. 17 – 28100 Novara

COLLABORATORS

Declaration pursuant to art. 15 of Legislative Decree no. 33, 14th March 2013

Statement in lieu of a notarised document

I, the undersigned Daniel Lloret Irles,
born in Alicante
State SPAIN
Date of birth 20.09.1967
Italian Tax code (only if possessed) LLRDLRG7P20Z131Z
resident in (country) SPAIN
City and postcode EL CAMPELLO 03560
Address CAMINO de MARCO, 24
tel/mobile +34 619 115 733
e-mail daniel.lloret@umh.es
address (if different from residence) _____

as a Collaborator (ref. Contract no. _____ of ____ / ____ / _____, Prot. n. _____)

HEREBY DECLARE THAT,

pursuant to art. 15 of Legislative Decree no. 33, 14th March 2013, art. 15, c, 1, letter c),

I – APPOINTMENTS AND POSITIONS

(tick the appropriate box and fill in)

- I don't have any permanent or temporary employment in private law entities regulated or funded by the Italian Government

or

- I have the following employment in private law entities regulated or funded by the Italian Government



II – PROFESSIONAL ACTIVITIES

(tick the appropriate box and fill in)

I don't carry out any professional activity

ovvero

I carry out the following professional activities (specify the type and the denomination of the entity/company)

III – CONFLICT OF INTEREST

I am not related to or have any kinship up to the fourth degree included with:

- the teaching staff of the Department Of Translational Medicine;
- the Rector and the General Director of the Università del Piemonte Orientale;
- the Members of the Board of Directors of the Università del Piemonte Orientale,

and I undertake to provide notification should the above occur at a later date.

Date 20/07/2017

Signature