



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 FRANC Jeffrey Michael,
 born in Canada (Edmonton)
 State Canada
 Date of birth 16/07/70
 Italian Tax code (only if possessed) [REDACTED]
 resident in (country) CANADA
 City and postcode [REDACTED]
 Address [REDACTED]
 tel/mobile [REDACTED] / +[REDACTED]
 e-mail [REDACTED]
 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



Signature

Date 12/10/2016

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

- the Members of the Board of Directors of the Università del Piemonte Orientale;
 - the Rector and the General Director of the Università del Piemonte Orientale;
 - the teaching staff of the Department Of Translational Medicine;
- I am not related to or have any kinship up to the fourth degree included with:

III - CONFLICT OF INTEREST

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

overo

I don't carry out any professional activity

(tick the appropriate box and fill in)

II - PROFESSIONAL ACTIVITIES

