

DECLARATION FOR ISSUE OF ENI CODE

(Pursuant to Article 46/47 Presidential Decree of 28 December 2000, no.445)

The undersigned _____
(surname) (first name)

Born in _____
(city) (country)

Date _____ Citizenship _____ Tel. (optional) _____

in their individual capacity;

in the capacity of:

Relative _____
(state relationship)

Carer/responsible organisation _____
(state in full the name of the organisation/centre/other)

Patient's legal representative _____
(surname) (first name) (born in) (country)

In the knowledge that, pursuant to Article 76 of Presidential Decree 445 of 28.12.2000, making false declarations, false documents or using them in cases provided for by the decree-law constitutes a punishable act pursuant to the penal code and special laws

DECLARE THAT THE UNDERSIGNED OR THE PATIENT INDICATED

- HAS BEEN DOMICILED IN THE LAZIO REGION FOR MORE THAN THREE MONTHS, AND IS

CURRENTLY IN _____ PROVINCE OF _____

- IS NOT RESIDENT IN ITALY;

- IS NOT IN POSSESSION OF A RESIDENCE PERMIT;

- IS NOT REGISTERED WITH THE HEALTH SERVICE IN THE COUNTRY OF ORIGIN;

- IS NOT IN POSSESSION OF ANY FORM OF HEALTH COVER (EHIC, EU MODELS, SERIE E XX, SERIES, ECC);

- DOES NOT MEET THE CONDITIONS FOR MANDATORY OR VOLUNTARY REGISTRATION WITH THE SSN (NATIONAL HEALTH SERVICE);

- HAS NOT COME TO ITALY FOR MEDICAL TREATMENT (FOR WHICH EU LEGISLATION REQUIRES POSSESSION OF FORM S2/E112);

- IS IN A STATE OF POVERTY AND SOCIAL FRAGILITY;

FOR THIS PURPOSE, THE FOLLOWING DOCUMENTATION IS ATTACHED

COPY OF IDENTIFICATION DOCUMENT FROM THE COUNTRY OF ORIGIN