

Dear Visitor,

*in order to comply with the Italian and Schengen Immigration Regulations we kindly ask you to complete and return the attached form **BEFORE** your arrival in Trieste.*

This is very important to ensure your legal stay in Italy. This form will enable the Visa Office of the ICTP to present the appropriate documents on your behalf to the Italian Immigration Authorities once you reach Trieste.

Kindly note that the use of this form however is requested only by those visitors who:

1. Are NOT nationals of a EU and EEA country

AND

2. Are going to stay at ICTP between 9 and 90 days

AND

3. Are going to visit the Centre without receiving any Daily Living Allowance from ICTP, or even if they do, they are coming accompanied by family members.

Should one or more of the above not apply to you, please disregard this form.

For any further information kindly refer to the ICTP Visa Office (tel. +39.040.2240-566/509, e-mail: visa@ictp.it).

Thank you.

ICTP Administration

KINDLY NOTE THAT THE ABOVE FORM SHOULD BE RETURNED TO THE ICTP VISA OFFICE VIA POST IN ORIGINAL OR VIA FAX OR E-MAIL AS A PDF FILE TO:

ICTP VISA OFFICE, Strada Costiera, 11 - 34151 Trieste ITALY

TELEFAX +39.040.224650 E-mail: "visa@ictp.it" kindly indicate in subject "SelfDec"

AUTOCERTIFICAZIONE / SELF DECLARATION

(Please read instructions overleaf)

Io sottoscritto Sig./Sig.ra
I, the undersigned, Mr./Ms.

COGNOME, Nome/i - SURNAME, Name / s

invitato/a presso l'ICTP
has been invited to ICTP

dal _____ al _____
from (dd/mm/yyyy) until (dd/mm/yyyy)

per partecipare all'attività scientifica
to participate in the following scientific event

SMR_____

dichiaro di disporre di mezzi finanziari adeguati alla copertura delle spese di vitto ed alloggio per tutta la durata della mia visita, sia per me stesso che per gli eventuali famigliari, che mi accompagnano di seguito elencati:

I hereby wish to declare that, for the whole period of my visit I have sufficient funds to fully cover my board, lodging and incidentals expenses for myself as well as for the following family members who will accompany me:

	COGNOME/SURNAME	Nomi/Names	Parentela/Relationship	Date of birth
1				
2				
3				
4				

Data/Date

Firma/Signature