**ANNEX C**

**WRITTEN DECLARATION ISSUED PURSUANT TO REGULATION 3(2) OF THE STATE AID CONTROL (DE MINIMIS AID) REGULATION 2009 AND 2012**

The financial assistance for which you are applying is offered under the European Commission’s State Aid regulations. This allows a private company / non profit organisation to receive up to **€200,000** of De Minimis state aid over a period of three fiscal years, that is the current fiscal year and the previous two fiscal years.

To confirm that you are able to receive this assistance you must therefore declare the full amount (if any) of *De Minimis aid* you have already received over the last 3 fiscal years.

Potentially any assistance from a public body may constitute State aid. Should you have any doubts whether any public assistance received is de minimis aid, you should contact the department from which the assistance was received.

I the undersigned**[[1]](#footnote-1)** …………………………………………………..……………….

holder of I.D. number ………………………………………………………………..

legal representative of the non profit organisation / association / society/ educational / academic institution / company ......................................................

…………………………………………………………………………………………….

(please strikethrough what is not applicable and complete as appropriate) registered at the Registrar of Societies and Institutions / the Registrar of Companies (please strikethrough what is not applicable) with registration no. ……………………..., in view of the subsidy to be granted to the non profit organisation / association / society/ educational / academic institution / private company................................................................................................................

(please strikethrough what is not applicable and complete as appropriate) which I represent, of the following De Minimis state aid:

**State Aid Grantor:**

Cyprus Tourism Organisation (CTO)

**Name of the State Aid Measure (Title of the CTO Incentive Scheme):**

……………………………………………………………………………………………

**Amount in Euro of the De Mininims state aid requested in this application:**

…………………………………………………………………………………………

**I hereby declare today …../…./20…. the following:**

|  |
| --- |
| **DECLARATION** |

During the past three fiscal years, namely the current year and the previous two (check what is applicable):

|  |  |
| --- | --- |
| (a) the non profit organisation / association / society/ educational / academic institution / private company which I represent, has not received nor has it become a beneficiary to receive from any Competent Authority, any De Minimis aid , as defined in the Control of State Aid (Aid minor) Regulations of 2009 and 2012. | □ |
| **Or** |  |
| (b) In the last three fiscal years, namely the current year and the previous two, the non profit organization / association / society/ educational / academic institution / private company which represent has received the following De Minimis aid: | □ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fiscal Year 2015** | **Fiscal year 2016** | **Fiscal Year 2017** | **TOTAL** |
| € | € | € | € |

**DETAILED INFORMATION CONCERNING STATE AID received UNDER THE DE MINIMIS RULE FOR FISCAL YEAR 2015, 2016, 2017**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YEAR | SOURCE/ GRANTOR | **TITLE OF THE STATE AID**  **(Name of Measure)** | AMOUNT € |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  | | |  |  |

The Declarant

…………………………………………….

1. **Legal person authorised to sign on behalf of the non profit organisation / association / society / educational / academic institution / private company**  [↑](#footnote-ref-1)