**DECLARATION**

**on allocated state aid of low value**

**(de minimis state aid)**

**Form 3**

Under penalty for perjury, I declare that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name and headquarters of enterprise)

In the preceding three-year fiscal period:

1. did not use state aid of low value (de minimis state aid)

2. used state aid of low value (de minimis state aid)[[1]](#endnote-1)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State aid | Type of costs it is approved for | Amount of state aid | Donor of state aid | Date of received state aid |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*Add rows, if necessary.

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MP Signature of the representative

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If in the preceding three-year fiscal period you used state aid, it is necessary to fill in the attached table. [↑](#endnote-ref-1)