Declaration of financial support

I, the undersigned, in my capacity as ........................ (Legal Representative) of ................................................ place of residence ................................................

DECLARE

that .................................................. (name and surname of the visitor) is ................................. (qualification) at the .................................................. (Institution of origin) and that he/she has been awarded a grant by the .................................................. (affiliation) for undertaking research overseas from ................................. to .................................................. (period of stay) at the University of Florence.

The .................................................. (Institution of origin) will provide for the researcher a monthly allowance of .................................................. and it will undertake to pay for the researcher's travel expenses to return to his/her home country;

The .................................................. (Institution of origin) will also take out a health insurance policy on behalf of the researcher and any family members who have joined him/her.

Signature of the Legal Representative

* The sponsoring institution shall provide for the researcher funds that amount to no less than twice the current minimum social benefit of 448,07 eur per month.