

FINANCIAL GUARANTEE

I, _____
(Full Name)

Of _____
(Full address)

(Occupation)

declare that:

I will provide financial assistance and support to my spouse /partner / daughter / son:

(Name)

Date of birth ____/____/____; Place of birth: _____

during the full term of his/her stay in Italy/Schengen States

from ____/____/____ to ____/____/____

Signature _____ Date _____

Declared and subscribed at

in the said State by the said

this day of., 20

Before me:

J.P. (stamp & signature)