





Appendix 2 to the Rules and Regulations for the implementation of the "ANTIDiscrimination Action" project

CANDIDATE'S STATEMENT

Date and place	Legible signature of the candidate
_	my civil liability for making a false statement or ereby declare that the above information is true.
Having been informed of	my sivil liability for making a false statement or
Date and place	Legible signature of the candidate
	g discrimination, i.e. I have been subjected to hate it or violence on the grounds of ethnic origin (cultural
Date of birth:	
	(first name and surname)
I hereby declare that I	