Statement of Previous Aid Received Under the De Minimis Exemption

I acknowledge receipt of notification from the Department of Communities and Local Government that it intends to grant De Minimis aid to [NAME OF UNDERTAKING]……..

I confirm that the financial year of [NAME OF UNDERTAKING]……

runs from …… to ……..…

I further confirm that [NAME OF UNDERTAKING]……..has received the following De Minimis aid during this financial year [INSERT RELEVANT DATES] ……and the previous two fiscal years (ie [INSERT RELEVANT DATES]) ……

Organisation providing the assistance/aid	Value of assistance	Date of assistance	Nature of assistance

I warrant that I am authorised to sign on behalf of [NAME OF UNDERTAKING]…….

and I confirm that I understand the requirements of De Minimis (Commission Regulation (EU) No. 1407/2013).

I acknowledge that if [NAME OF UNDERTAKING]……fails to meet the eligibility requirements, [NAME OF UNDERTAKING]…….may become liable to repay the full value of the assistance provided.

The information set out above is accurate for the purposes of the De Minimis exemption.

SIGNATURE:

NAME:

BUSINESS:

POSITION:

DATE: