Self Declaration

Grant Agreement number: FP7-ICT-2009-248434

Project acronym: MOBISERV

Project title: MOBISERV: An Integrated Intelligent Home Environment for the Provision of Health, Nutrition and Mobility Services to the Elderly

Funding Scheme: Collaborative project

Date of latest version of Annex I against which the assessment will be made: 29/10/2009

Periodic report: 1st □ 2nd □ 3rd □ 4th □

Period covered: from 1/12/2010 to 30/11/2011

Project co-ordinator name, title and organisation: Dr. Costas Davarakis, CEO, Systema Technologies S.A.

Project Manager name (according to D.o.W. Project Management scheme): Ms Maria Nani, R&D Manager, Systema Technologies S.A.

Tel: +30 210 6743243
Fax: +30 210 6755649
E-mail: maria.nani@systema.gr

Project website address: www.mobiserv.eu
Declaration by the project coordinator

I, as co-ordinator of this project and in line with my obligations as stated in Article II.2.3 of the Grant Agreement declare that:

- The attached periodic report represents an accurate description of the work carried out in this project for this reporting period;
- The project (tick as appropriate):
  - ✔ has fully achieved its objectives and technical goals for the period;
  - ☐ has achieved most of its objectives and technical goals for the period with relatively minor deviations;
  - ☐ has failed to achieve critical objectives and/or is not at all on schedule.
- The public Website is up to date, if applicable.
- To my best knowledge, the financial statements which are being submitted as part of this report are in line with the actual work carried out and are consistent with the report on the resources used for the project (section 6) and if applicable with the certificate on financial statement.
- All beneficiaries, in particular non-profit public bodies, secondary and higher education establishments, research organisations and SMEs, have declared to have verified their legal status. Any changes have been reported under section 5 (Project Management) in accordance with Article II.3.f of the Grant Agreement.

Name of Coordinator: Dr. Costas Davarakis

Date: 6/12/2011

Signature of Coordinator:

Name of Project Manager: Ms Maria Nani

Date: 6/12/2011

Signature of Project Manager:

---

If either of these boxes is ticked, the report should reflect these and any remedial actions taken.