

COMMITMENT

Company name.....
Address (headquarters).....
....., Postal code Phone.....
Fax E-mail.....
Company registration date.....
Registration number at the Trade Register Office.....
Fiscal identification code.....
AOC number.....
Undersigned,....., identified with ID card
series no....., issued by on.....
....., domiciled in....., street.....
..... no....., building....., entrance....., apart....., sector/county.....
....., position....., acting as legal representative of the
company.....

Through this commitment, the company undertakes to
comply with the proposed Business Plan in order to access the State aid provided by the
Maramures County Council in accordance with the STATE AID SCHEME TO SUPPORT THE
ACTIVITY OF AIR OPERATORS IN THE CONTEXT OF THE ECONOMIC CRISIS CAUSED BY THE
COVID-19 PANDEMIC.

Otherwise, I understand that if it is found that the company
has not complied with the conditions of the grant provided by the scheme and the proposed
business plan, the supplier will proceed to the cessation/recovery, as appropriate, of the State aid
in accordance with the provisions of Government Emergency Ordinance no. 77/2014 on national
procedures in the field of State aid.

I also understand that the State aid to be reimbursed or recovered also includes the related
interest, due from the date of its payment, until the date of full recovery or reimbursement.
The applicable interest rate is that established according to the provisions of EU Regulation No.
1589/2015 laying down detailed rules for the application of Article 108 of the Treaty on the
functioning of the European Union.

Name and surname.....
Position
Authorized signature of the applicant
Signing date.....