CONSORZIO FUTURO IN RICERCA

FISCAL AND PERSONAL DATA

Family Name:

First Name:

Middle Name (if provided):

Date of Birth:

Place of Birth (City and State):

Address of Residence: **n:**

Zip code: **City:** **State:**

Tax ID number:

VAT number (if provided):

Mobile Phone:

E-mail address:

(If resident abroad) * to ◯ avail ◯ not avail myself of the Agreement to avoid duplication of taxation between Italy and foreign country where resident ☐

BANK DETAILS

Bank name:

Bank address:

City and Country:

Account number:

IBAN code (for EU citizen):

BIC/SWIFT code:

**Collaborators resident abroad who avail themselves of the Agreement to avoid duplication of taxation must enclose the certification given by the Foreign Financial Authority concerning the collaborator's fiscal domicile or residence*

Hereby I declare to have received and read the Informative note (Article 13 of the EU Regulation 2016/679) and I authorize the treatment of my personal data.

Date **Signature**