CONSORZIO FUTURO IN RICERCA

FISCAL DATA FORM

Company Name:		
Headquarter:		
	City	Zip Code
	State	Country
Mailing address for correspondence:	City	Zip Code
	State	Country
	P.O. Box	Zip Code of P.O. Box
Telephone No.:	+	
E-mail address:		
TAX I.D. No. (mandatory)		
VAT No.		
Name of the Legal Representative:		
Name of the Contact Person of the Contract		
E-mail address:		
Name of the Administrative Person:		
E-mail Address:		
E-mail address for invoices:		
Other Notes:		

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

Date _____ **Signature** _____