

IBAN or Bank coordinates																													
BIC _____																													
Bank _____														Branch No. _____															
Address _____														Town _____															
																								Post code					

PRIVACY INFORMATION

The undersigned is informed that the employer with regard to the consultancy conferred and in relation to Italian Privacy legislation, will adhere to the content of the enclosed information regarding Art. 13 of D.Lgs. n. 196/2003.

PLEASE ATTACH PHOTOCOPY OF PASSPORT TO THIS FORM

Date _____ **Signature of consultant** _____