

NON RESIDENT CONSULTANT

PERSONAL INFORMATION

PLEASE COMPLETE IN BLOCK LETTERS

I, the undersigned,

Surname		Name	
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Tel.		Fax		e-mail	
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Identity document or passport number (compulsory)																			
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do hereby provide and confirm the following information

Place of Birth		Country	
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Date of Birth											
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Street		No.	
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Post code						Town		Country	
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I hereby also declare that I will use/not use (cross out which is not applicable) the convention to avoid double taxation between Italy and _____ (indicate the country of residence for tax purposes).

Consultants who are resident abroad and wish to make use of the convention to avoid double taxation must attach certification demonstrating payment of taxes in his or her country of residence.

IBAN or Bank coordinates																																																								
BIC _____																																																								
Bank _____														Branch No. _____																																										
Address _____														Post code																																										
City/Town _____														<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td><td style="width: 2.5%;"></td> </tr> </table>																																										

PRIVACY INFORMATION

Pursuant to Article 13 of Legislative Decree no. 196/2003, please note that the details provided in this document in relation to the consultancy appointment shall be processed in accordance with the Italian privacy code

PLEASE ATTACH A PHOTOCOPY OF YOUR PASSPORT TO THIS FORM

Date _____

Signature of consultant _____