

- first statement
 change

STATEMENT

academic year _____

PLEASE DELIVER THIS FORM DULY FILLED OUT
TO THE PAYMENT OFFICE -
PAY DIVISION
PIAZZA DELL'ATENEO NUOVO,1 MILAN

Pursuant to the requirements relating to the tax register
and the tax code of taxpayers (Presidential Decree no. 784 of 02/11/97)

Note: This statement must be entirely filled out
and it will be valid until otherwise provided.
Fields preceded by * are optional.

Personal Details

Last name _____

First name (include
middle names) _____

Marital status _____

Date of Birth _____ City of Birth _____

Tax identification code _____

Address _____

Municipality _____ Zip Code _____ provin
ce _____

Phone _____

e-mail _____

payment _____

method Bank transfer ¹- Bank details IBAN _____

- Code: _____ Cin _____ ABI
(Bank Code) CAB (Branch C/A
Code) _____

Bank _____

Address _____

City _____ Zip Code _____

Doctorate Cycle _____

Course year _____

Unit Department _____

Address _____

City _____ Zip Code _____

*e-mail _____

*telephone _____

I declare that I am registered with INPS - office of _____

I declare that I also pay contributions through the following social security fund _____

NOTE: Personal data are collected and processed in compliance with the law, with the principles of fairness and protection of confidentiality, only for purposes related to performing institutional activities, and specifically for all obligations that need to be fulfilled to ensure the teaching and administrative relationship with the University is fully effective (art. 13, Legislative Decree no. 196 of 30 June 2003).

Date _____

Signature _____

¹ The current account must be in the name of, or jointly held by, the doctorate student