

I the undersigned
 Born in on
 Address Zip code
 City Province State
 Citizenship Italian tax code number/ passport number
 Phone Cellular phone Fax e-mail

DECLARE UNDER MY RESPONSIBILITY

1) In case of agreement against double taxation:

To have my Tax residence in (Country)

That do not own a permanent company in Italy

That I have not been resident Italy for more than 183 days per calendar year of art. 2 DPR 917 of 2/12/1986)

I wish to avoid double taxation, and I wish to pay taxes in the country in which I am resident under the Article of the Tax Treaty between the Italian Republic and (see agreement specification <http://www.fisconelmondo.it/modules/edito/content.php?id=6>), under Italian Act n.....

I attach the:

Certificate issued by the Tax Office of the Country of residence testifying the permanent residence where I am a taxpayer

2) In case there is no agreement against double taxation:

Tax payer code:

3) Job position:

Institution:
 Address:
 Role:

4) Hereby request:

the refund of travelling and accommodation expenses, for which the original of the documents are enclosed.

travelling (train, airplane, etc.)	€
accommodation	€
board	€
else.....	€

5) Payment data:

Bank transfer on:
 C/C n. Bank Branch:
 Address: Zip code: City:
 Bank Code (ABI) Code of bank agency (CAB) Cin
 IBAN: Swift code:.....

6) I the undersigned commit myself to communicate to Istituto Italiano di Scienze Umane any changes in the aforementioned data, should they occur during the contract period.

I also agree to the treatment of personal data as long as payments and other fulfilments foreseen by rules and regulations in force are concerned.

Date of release ___/___/___ Signature

Il Responsabile dei Fondi _____ Il Direttore _____