UNIVERSITA' DEGLI STUDI DI MILANO – BICOCCA
PIAZZA DELL'ATENEO NUOVO, 1 MILANO - C.A.P. 20126

NON RESIDENT CONSULTANT

PERSONAL INFORMATION

PLEASE COMPLETE IN BLOCK LETTERS

I, the undersigned

Surname		Name	

Tel.		Fax		e-mail	

Identity or passport number (compulsory)																

declare the following personal information

Place of Birth		Country	

Date of Birth										

Home address		No.	

Post code						Town		Country	

I declare, furthermore, that I will utilize/not utilize (cross out which is not applicable)
the Convention to avoid double taxation between Italy and _____
(indicate Country of fiscal residence).

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

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IBAN or Bank coordinates
BIC or SWIFT CODE

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** _____