UNIVERSITÀ di VERONA | Direzione **AMMINISTRAZIONE E FINANZA**

PERSONAL DETAILS FORM FOR NON-ITALIAN RESIDENTS

I, the undersigned _____

Passport[1] (or other official identity document from country of origin) **no.**_____

Italian tax ID number |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
(Please attach a photocopy of your tax ID number for non-Italian residents, issued by the *Agenzia delle Entrate*.)

Born in _____ **(country:)** _____ **on** ____/____/_____

Permanent address: (town:) _____ (province/country:) _____ postcode _____

street _____ n.°_____

Contact details where you can be reached (phone; email) _____

REQUEST
that financial compensation be made to the following current account:

❑ **IBAN INTERNATIONAL BANK ACCOUNT NUMBER**
 ATTENTION: only provide the details of a Current Account for which you are the HOLDER or CO-HOLDER

IBAN_____ BIC _____

BANK _____ CITY _____

AGENCY OR BRANCH _____

Aware of sanctions concerning false or misleading statements and the creation or use of false documents
as referred to in Art. 76 of Presidential Decree 445/00,

I STATE THAT MY POSITION IS AS FOLLOWS:

 a) **Coordinated, continuous, non-employed collaborator** *("Collaboratore coordinato e continuativo senza vincolo di subordinazione")* as per Art. 50(1)(c-bis) of Presidential Decree 917/86.
  Signature _____ → **COMPLETE THE SOCIAL SECURITY SECTION**

 b) **Self-employed, not regularly involved in professional work** and therefore only occasionally performing work activities as per Art. 67(1)(l) of Presidential Decree 917/86.
  Signature _____ → **COMPLETE THE SOCIAL SECURITY SECTION**

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[1] Attach a photocopy

Regarding social security cover, I declare:

(Signing letter A must be accompanied by signing one of the successive letters A$_1$. Failure to sign one of the options below will result in not being paid until your social security status has been officialised.)

A) I have **registered / will register** (cross out the option that does not apply) for **separate social security management** at the relevant INPS office (pursuant to Art. 4, Legislative Decree 166/96).
Signature _____

A$_1$) I **do not have compulsory social security cover and/or an indirect or survivor's pension** and am therefore subject to pay contributions of **34,23%.** If my position changes, I undertake to inform the university so that my contributions will be managed correctly.
Signature _____

B) I **surpass the annual contribution limit of € 101.427,00 with separate social security management (Law 335/95)** and therefore request that the university administration does not to make contribution deductions.
Signature _____

The following section must be completed by applicants who wish to <u>request the application of an established bilateral agreement</u>:
Pursuant to Art.s 46-47 of Presidential Decree no. 445/2000, and aware of the criminal sanctions concerning false or misleading statements and the creation or use of false documents,

I DECLARE

I am a non-resident in Italy, I do not have a stable organisation in Italy and I do not declare my income in Italy.

In accordance with the Bilateral International Agreement against Double Taxation between Italy and _____ pursuant to Law _____ Art. _____ (transposed by the internal regulations in Official Gazette no. _____ of _____) which provides that compensation received will be taxed in the subject's country of residence, these payments will be completely or partially exempt from taxation in Italy.

*To be exempt from paying income tax in Italy, please **<u>attach</u>** your **certificate of residence** for fiscal purposes in the country of _____ (for those with fiscal residence in the EU, a self-declaration is sufficient as per Art. 46 of Presidential Decree no. 445 of 28/12/2000) and a statement proving you meet the necessary conditions for the formal agreement, issued or countersigned by the relevant foreign financial authority, indicating that you are liable to pay these taxes in your country of residence. If this statement is not written in an easily translatable language, it is necessary to attach a complete translation of the statement by the Italian Consulate in the your country of residence.*

I also declare to have/NOT have (CROSS OUT THE OPTION THAT DOES NOT APPLY) a compulsory social security cover in _____

Signature_____

If this documentation is not submitted, taxes will be deducted from your payments.

PLEASE NOTE

Legislative Decree no. 196 of 30/06/2003 provides for the protection of persons and other subjects with respect to the processing of personal data. According to this legislative degree, such processing must follow the principles of correctness, lawfulness and transparency and the protection of one's privacy and rights. Pursuant to Art. 13 of the aforementioned decree, the university informs you that the processing we intend to perform:
a) is to permit the validation, authorisation and payment of compensation due to you, and to carry out the compensation, social security and fiscal procedures required by law;
b) will be performed predominantly by computerised procedures;
c) the data given to the University may be provided to other public entities (e.g. Ministry of Economy and Finance and/or INPS) in order for them to carry out their respective official duties, within the limits established by law.

I UNDERTAKE

<u>**to inform the university of any changes in the information here within, thereby from this moment relieving the University of Verona of any responsibilities in this matter.**</u>

_____   _____
(Date)   *(Legible signature of the applicant)*

Trattamenti Economici Personale Strutturato e non Strutturato
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