



UNIVERSITÀ DEL PIEMONTE ORIENTALE

DEPARTMENT OF HEALTH SCIENCES

Via Solaroli, n. 17 – 28100 Novara

DECLARATION OF PERSONAL INFORMATION FOR COLLABORATORS

I, the undersigned _____

Gender M F

Tel _____

e-mail _____

Codice Fiscale: Italian Tax Code

☐

or (if resident abroad) foreign identifying code (*):

Passport number (*please enclose a copy*):

Declare

under my full responsibility that the following information is correct :

- date of birth _____ city _____
dd/mm/year
country _____
- address _____
- Zip code _____ city _____
country _____
- I also declare that I choose:
(*if resident abroad*) to avail/not avail myself of the Agreement to avoid duplication of taxation between
Italy and (foreign country where resident) _____ (**)
- the following form of payment:

Cash payment (Banca Popolare di Sondrio) (only up to 999,99 Euro)

IBAN BANKING ACCOUNT – Credit on bank account

ID NAZ

checksum CIN

ABI

CAB

NUMBER



SWIFT

BIC

CODE

(necessary for credit on bank account abroad)

Bank _____

Address _____

Zip code _____ city _____

country _____

NOTES FOR FILLING IN THE FORM:

(*) Collaborators resident abroad are bound to indicate the code.

(**) Collaborators resident abroad who avail themselves of the Agreement to avoid duplication of taxation must enclose the certification given by the Foreign Financial Authority concerning the collaborator's fiscal domicile or residence.



DECLARATION CONCERNING SOCIAL INSURANCE CONTRIBUTION

starting from _____ to _____
dd/mm/year dd/mm/year

and consisting in the following services _____

I declare

under my full responsibility:

1. (for professional services):

☐ That my VAT code is _____

2. (for occasional services; fill in if you do not avail yourself of the taxation agreement):

☐ That I am **not** subjected to social insurance contribution because during 2015 my income in Italy, for occasional service, is under 5.000,00 Euro

(If the income in Italy is different than 0 but under 5.000,00 Euro excluding the present appointment, please declare the amount already earned for occasional services: _____ Euro).

OR

☐ That I am subjected to social insurance contribution although carrying out an occasional service,
as **I have already earned in Italy** during the year **2015** an amount above 5.000,00 Euro for occasional services.

INFORMATION ACCORDING TO ART. 13 OF D.LGS N. 196/2003

According to D.Lgs. n. 196 30 June 2003 ("Code concerning the protection of personal information") which establishes the protection of people and other subjects with reference to the handling of personal information, the Università del Piemonte Orientale 'Amedeo Avogadro' informs that handling of personal information will be characterized by correctness, lawfulness, transparency and protection of your privacy and rights. According to art. 13 of the law mentioned, we inform you that the personal information you supplied will be gathered and handled according to the laws, within the purposes related to the development of institutional activities, especially for all activities related to the accomplishment of the collaboration with the Università del Piemonte Orientale 'Amedeo Avogadro'. If the person concerned denies to supply such information, the University will be unable to formalize the above-mentioned appointment.

The information required will be handled by Università del Piemonte Orientale 'Amedeo Avogadro', being the holder of the handling, through the Head of Divisione Risorse Finanziarie, Tecniche e Logistiche and by the delegates. We remind you that, according to art. 7 of D.Lgs N. 196/03 of 30.06.03, the person concerned has the right to know the information used by the University. In case the information is not completely correct, the person concerned has the right to update, rectify and complete the information; the person concerned has also the right, according to the conditions established by art. 7, to oppose the handling, and moreover, in case of violation of the law, to the cancellation and to render anonymous and prevent the use of the handled information.

The consent to handle the information given is not required according to art.24 of D.Lgs n. 196/03 of 30.06.03.

Date _____

The Collaborator _____

NOTES FOR FILLING IN THE FORM:

(*) Collaborators resident abroad are bound to indicate the code.

(**) Collaborators resident abroad who avail themselves of the Agreement to avoid duplication of taxation must enclose the certification given by the Foreign Financial Authority concerning the collaborator's fiscal domicile or residence.