



PERSONAL DETAILS FORM FOR NON-RESIDENTS

Substitutive declaration of certification and/or affidavit in compliance with Presidential Decree no. 445/2000

*All the relevant fields of this form must be completed.
For accurate administrative purposes, please do not omit any essential information.*

I, the undersigned (surname, name) _____

Sex ☐ M ☐ F

Country of birth _____ Place of birth _____

Date of birth _____

Tax ID number

(please attach a photocopy of your tax ID number, issued by the Italian Revenue Agency - Agenzia delle Entrate.)

Passport number _____

(please attach a copy of your passport)

Permanent address:

Country _____ City/town _____

Your full residential address and postal code

Contact details:

Mobile phone _____ Email address _____

REQUEST

that payment of the remuneration be made via the following method:

☐ 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 _____

Please attach a copy of the document with your IBAN and BIC released by your bank.



I DECLARE

Pursuant to Articles 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 as referred to in Art. 76 of Presidential Decree 445/00.

I request / I do NOT request (cross out the option that does not apply) **the application of an established international bilateral convention for the avoidance of double taxation between Italy and (my country of residence)** _____ **in accordance with the OECD model treaty.**

PLEASE NOTE: The following section must be completed by applicants who wish to request the application of an established bilateral agreement

I am not 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 international bilateral convention for the avoidance of 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 **attach your certificate of residence** for fiscal purposes in the country of _____ and a **statement providing 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 your country of residence. Otherwise fill in FORM D for the avoidance of double taxation (issued by the Italian Revenue Agency - Agenzia delle Entrate), **countersigned by the relevant foreign financial authority.**

I ALSO DECLARE

I have / I do NOT have (cross out the option that does not apply) **a compulsory insurance in my country of residence**

Signature: _____



I HEREBY DECLARE UNDER MY RESPONSIBILITY THAT MY POSITION IS AS FOLLOWS:

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: _____

With regard to social security cover, I ALSO DECLARE

(Please sign **both letter A and B**. 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** (*"Gestione separata"*) at the relevant INPS office.

Signature: _____

B) I do not have compulsory insurance cover and/or an indirect or survivor's pension and am therefore subject to pay contributions of **35,03%**. If my position changes, I undertake to inform the university so that my contributions will be paid correctly.

Signature: _____

C) I exceed the annual contribution limit of € 122.295,00 with separate social security management (*"Gestione separata"*, Law 335/95) and therefore request the university administration not to make contribution deductions.

Signature: _____

I, THE UNDERSIGNED, ACKNOWLEDGE

Pursuant to Art. 13 of the EU Regulation 2016/679 (hereinafter the "Regulation"), we inform you that the processing of the personal data provided or in any case acquired by the University of Verona, has the purpose of allowing the request and payment of the due amount and the application of obligations relating to social security, tax and contribution provided for by current legislation and will be carried out at the University by authorised staff, also by means of computer technologies, in the ways and within the limits necessary to achieve the above purposes. Data will be stored in compliance with the regulations on the storage of administrative documentation.

I UNDERTAKE

to inform the university of any changes in the above information, thereby from this moment relieving the University of Verona of any responsibilities in this matter.

(Date)

(Legible signature)