



**DECLARATION FOR RESEARCH SCHOLARSHIP RECIPIENTS**  
**(FUNDING FROM PUBLIC OR PRIVATE SOURCES)**

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 your IBAN and BIC released by your bank**



**Please note: complete this section ONLY if your scholarship is taxable**, as referred to in Art. 50 (1)(c) of the Italian Income Code (*TIUR - Testo Unico delle Imposte sui Redditi*).

**TAX REDUCTIONS FOR EMPLOYED AND SIMILAR WORK**

**("lavoro dipendente e assimilato")**

**pursuant to Art. 13 of Presidential Decree no. 917/1986**

Pursuant to Articles 46-47 of Presidential Decree no. 445/2000, being aware of the criminal sanctions with regard to false or misleading statements as referred to in Art. 76 of the same Presidential Decree

**I REQUEST:**

- that the tax reductions as per the above Art. 13 of Presidential Decree no. 917/1986 **be applied** from \_\_\_\_\_;
- that the tax reductions **be NOT applied**;
- that income different to the one paid by the University of Verona be taken into account for tax year 2024, for the following sum: € \_\_\_\_\_;

**Signature** \_\_\_\_\_

For accident insurance cover, please note that the compulsory annual insurance premium of € 10,00 will be deducted from salary payments.

**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)