UNIVERSITÀ di VERONA DIREZIONE **RISORSE FINANZIARIE**

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

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Please note: complete this section <u>ONLY</u> 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 dipendendente 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 2025, for the following sum: €_____;

Signature _____

For accident insurance cover, please note that the <u>compulsory annual insurance premium</u> of **€ 9,90** will be deducted from salary payments.

<u>I, THE UNDERSIGNED, ACKNOWLEDGE</u>

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.

<u>I UNDERTAKE</u>

<u>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.</u>

_____,_____   _____
        (Date)   **(Legible signature)**

Trattamenti Economici Personale Strutturato e non Strutturato
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