DECLARATION FOR RESEARCH GRANT HOLDERS
(Art. 22 of Law no. 240/2010)

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 _____

Academic qualification _____

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.

Trattamenti Economici Personale Strutturato e non Strutturato
Phone: 045/8028304/8497/8076 - Fax: 045/8028702
Ufficio.stipendi@ateneo.univr.it
Tax no. 93009870234 – VAT no. 01541040232

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I DECLARE

(Aware of the criminal sanctions with regard to false or misleading statements and the creation or use of false documents, as referred to in Art. 76 of Presidential Decree 445/2000)

With regard to social security cover:

(Please sign letter **A** and ONE of the following letters (**B, C, D**). 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** (pursuant to Art. 4, Legislative Decree 166/96).

Signature: _____

B) I have other compulsory social security cover (e.g. INPDAP, INPS, or other social insurance funds for professionals) with ……………………… (entity) and/or an **indirect or survivor's pension**, and am therefore subject to pay contributions of **24%**. If my position changes, I undertake to inform the university so that my contributions will be paid correctly.

Signature: _____

C) I have a direct pension and am therefore subject to pay contributions of **24%**. If my position changes, I undertake to inform the university so that my contributions will be paid correctly.

Signature: _____

D) 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: _____

E) I exceed the annual contribution limit of **€ 120.607,00 with separate social security management ("Gestione separata")** and therefore request the university administration not to make contribution deductions.

Signature: _____

For accident insurance cover, please note that the compulsory annual insurance premium of € 9,90 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)**