

**MODALITÀ DI RISCOSSIONE DEL CONTRIBUTO – NON RESIDENTI IN ITALIA**

SUPPLIER FORM			
SUPPLIER INFORMATION			
COMPANY NAME (For companies, organizations, associations, etc) OR NAME AND SURNAME <u>FOR SOLE TRADERS</u>			
ONLY IF SOLE TRADER PLEASE INDICATE:			
GENDER q M q F	DATE OF BIRTH (dd/mm/yyyy)	COUNTRY OF BIRTH	TOWN OF BIRTH

PLACE OF RESIDENCE FOR TAX PURPOSES			
STREET			
TOWN			
POSTCODE		STATE/COUNTRY	
COUNTRY			
PHONE No.		FAX No.	
E-MAIL ADDRESS			
STABLE ORGANISATION IN ITALY Please choose the right option :		q NO q YES	

<b>FOREIGN TAXPAYER CODE</b> (issued by the tax authority of the country of residence) required field	
<b>VAT CODE</b> (TVA/Vat number/Federal Tax/Business number) For economic operators	
<b>In the absence of a VAT registration number, please tick the box below:</b>  I am not liable to register for VAT as my taxable supplies are below the VAT registration threshold set by the tax authority of my country of residence/of the place where the economic activity is carried out.  Please write the legal references.....	

Business address			
STREET			
TOWN			
POSTCODE		STATE/COUNTRY	
COUNTRY			
PHONE No.		FAX No.	
E MAIL ADDRESS			

For companies, organizations, associations, etc., please complete in full the details of the person who signs this declaration:

Acting as:			
q Owner		q Legal representative	q Other (indicate)
NAME		SURNAME	
GENDER q M q F	DATE OF BIRTH (dd/mm/yyyy)	COUNTRY OF BIRTH	TOWN OF BIRTH

PAYMENT OF COMPENSATION					
IBAN BANKING ACCOUNT – Credit on bank current account					
PAESE	CIN EU R	CIN	ABI	CAB	CONTO CORRENTE

<b>SWIFT BIC code</b> (for foreign banking account)		BANK _____	AGENCY _____
<b>ADDRESS</b>		TOWN CITY POST CODE	

<b>DECLARATION</b>	
<p>I declare that the data and the information given are true and correct. I <b>also declare to be</b> aware of the <b>implications</b> of criminal liability in case of false statements as stated in Art. 76 of D.P.R. 28.12.2000, No. 445. I will take care to communicate any change of data indicated , if necessary.</p>	
DATE.....	SIGNATURE
	_____

**Please enclose copy of a valid identification document of the signatory .**

<b>DECLARATION FOR EU SUPPLIER</b>	
<p>I declare that the information I provided are shown on the invoice issued. In case VAT number is not indicated I attach the certification ID attributed to the company issued by the tax authority of the country of residence. I undertake to inform of any change of the data supplied by myself.</p>	
DATE.....	SIGNATURE
	_____

<p>Please return the completed form to the following address:</p>	<p>REGIONE EMILIA ROMAGNA c.a. Mr. Servizio viale Aldo Moro 52 40127 Bologna BO - Italia e mail: .....@regione.emilia-romagna.it PEC</p>
---	--