



ALMA MATER STUDIORUM  
UNIVERSITÀ DI BOLOGNA

## PERSONAL AND FINANCIAL DATA

### The undersigned

Surname	Name	Gender

Date of birth	Country of birth

Italian Fiscal Code														

### Italian residence address

Street	N.	City	Prov.	ZIP

### Italian actual address (to be filled out if it differs from the residency address)

Street	N.	City	Prov.	ZIP

E-mail - please write down the @studio.unibo.it email address*	Telephone	Mobile
	/	

\*any communication pertaining to the assignment shall be sent to the @studio.unibo.it address

### Demands to be paid on the following bank account

<input type="checkbox"/> IBAN of a bank/post account/revolving card (27 digits according to the example on the right)	<table border="1"> <thead> <tr> <th>ABI</th> <th>CAB</th> <th>Numero conto corrente</th> </tr> </thead> <tbody> <tr> <td>IT 96 W 05856</td> <td>11601</td> <td>050570111111</td> </tr> </tbody> </table>	ABI	CAB	Numero conto corrente	IT 96 W 05856	11601	050570111111
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IT 96 W 05856	11601	050570111111					

**WATCH OUT: the applicant should be account's holder or co-holder**

Country code	CIN IBAN	CIN	ABI	CAB	Account number

### I shall promptly notify the Administration of any change in the previous data

Date	Signature
	.....

\* Please do always enclose to this form a scanned copy of a document of identification

### Privacy POLICY

According to the Italian Privacy Act (D.Lgs 196/2003) and the GDPR - General Data Protection Regulation (Regulation (EU) 2016/679), the pieces of personal data gathered with this form shall be processed fairly and appropriately, fulfilling assignment-related as well as legally-motivated duties.



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## SOCIAL SECURITY DATA

The undersigned \_\_\_\_\_

**Declares under his/her own responsibility that**  
(thick as appropriate or DO NOT thick any box if any of them is applicable)

<b>B1</b>	<input type="checkbox"/> He/She is public employee <input type="checkbox"/> He/She attaches the authorization issued by the belonging Organization named:  Organization Fiscal Code : _____  <input type="checkbox"/> He/She is private employee																														
<b>B2</b>	For the tax deductions issued for "redditi assimilati" (assimilated income) ex art.13 DPR 917/86 is required: <input type="checkbox"/> the application of fixed tax deductions, as the grant will be the only income of the calendar year, and less than 8.000,00 euros <input type="checkbox"/> the application of tax deductions not taken at another withholding agency <input type="checkbox"/> the non-application of tax deductions, which have been taken at another withholding agency																														
<b>B3</b>	Spouse personal data Spouse fiscal code: _____  Since: dd/mm/yyyy																														
<b>B4</b>	Dependent children and/or other family member data (*) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Relationship(**)</th> <th>Fiscal code</th> <th>Date of birth dd/mm/yyyy</th> <th>% of deductions</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">F1</td> <td style="text-align: center;">First child</td> <td style="text-align: center;">D</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">F</td> <td style="text-align: center;">A</td> <td style="text-align: center;">D</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">F</td> <td style="text-align: center;">A</td> <td style="text-align: center;">D</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">F</td> <td style="text-align: center;">A</td> <td style="text-align: center;">D</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(*) The family member is considered dependent if he/she has no income or an income lower than 2.840,51 euros          (**) F1: First child; F: Other children; A: Other family members; D: Disabled</p>	Relationship(**)			Fiscal code	Date of birth dd/mm/yyyy	% of deductions	F1	First child	D				F	A	D				F	A	D				F	A	D			
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F	A	D																													
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<b>B5</b>	In order to determine the IRPEF tax I require the application of the maximum Irper rate (___%) instead of the progressive one (choose between 27%, 38%, 41%, 43%)																														

<p>The undersigned</p> <p>being aware of the civil liability and criminal prosecution he/she may face, according to articles 75 and 76 of the DPR 445/2000,</p> <p><b>SHALL PROMPTLY</b></p> <p>notify the University of any change in the aforementioned data and shall fully pay back the University whether it would be sanctioned due to incomplete, untruthful, delayed communication on his/her part</p>	
Date	Signature

\* Please do always enclose to this form a scanned copy of a document of identification

#### Privacy Policy

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#### Filling out instructions

<b>Personal data</b>	Surname (married women should write down their maiden surname), name, gender, Italian fiscal code (check the form released by the <i>Agenzia delle entrate</i> ), date and place of birth (those who were born abroad should write down just the country), Italian residency address (that is, the one communicated to Italian authorities).
<b>Section B1</b>	The Applicant should point out whether they are public or private employee, with permanent or temporary contract.
<b>Section B2</b>	If the University is the only employer and the annual income is lower than 8.000, please tick the first option.
<b>Section B3</b>	If the applicant is married he/she must indicate the spouse fiscal code and since when they are conjugated
<b>Section B4</b>	If the applicant has dependent children or family members, he/she must indicate their personal data
<b>Section B5</b>	If the applicant receives other incomes with different IRPEF rates, during the solar year, he can request a higher IRPEF rate in relation to the normal one, in order no to have to pay more after the income tax declaration.