



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)	<div style="display: flex; justify-content: space-around; font-size: small;"> ABI CAB Numero conto corrente </div> <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: small;"> IT 96 W 05856 11601 050570111111 </div>
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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)

B1	<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																														
B2	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																														
B3	Spouse personal data Spouse fiscal code: _____ Since: dd/mm/yyyy																														
B4	Dependent children and/or other family member data (*) <table border="1" style="width: 100%;"> <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>F1</td> <td>First child</td> <td>D</td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td>A</td> <td>D</td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td>A</td> <td>D</td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td>A</td> <td>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																													
F	A	D																													
F	A	D																													
B5	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>SHALL PROMPTLY</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

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Filling out instructions

Personal data	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).
Section B1	The Applicant should point out whether they are public or private employee, with permanent or temporary contract.
Section B2	If the University is the only employer and the annual income is lower than 8.000, please tick the first option.
Section B3	If the applicant is married he/she must indicate the spouse fiscal code and since when they are conjugated
Section B4	If the applicant has dependent children or family members, he/she must indicate their personal data
Section B5	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.