

DECLARATION FOR PHD SCHOLARSHIP HOLDERS

(Art. 4 of Law no. 210/1998)

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 (surn	ame, name)
Sex DM DF	
Country of birth	Place of birth
Date of birth	-
Tax ID number	_ _ _
(please attach a photocopy <i>Entrate</i> .)	of your tax ID number, issued by the Italian Revenue Agency - Agenzia delle
Passport number	
(please attach a copy of you	r passport)
Permanent address:	
Country	City/town
Your full residential addres	ss and postal code
Contact details:	
Mobile phone	Email address
DEPARTMENT	
	REQUEST
that paym	ent of the remuneration be made via the following method:
	L BANK ACCOUNT NUMBER ils 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 you	r 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



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 (a ₁ , a ₂). 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:
a 1) I have other compulsory social security cover (e.g. INPDAP, INPS) with
a2) 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:
B) I exceed the annual contribution limit of € 119.650,00 with separate social security management ("Gestione separata", Law 335/95) and therefore request the university administration not to make contribution deductions. Signature:
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.
(Date) (Legible signature)

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