



To fill in and return to the
relevant Department/Center/Office

MODULO A 2017 - SELF EMPLOYED/PROFESSIONAL FORM NON-RESIDENT

I,
First Name _____ Surname _____
Middle Name _____ Sex M F
Place of birth - Country _____ Town _____
Date of birth _____ Citizenship _____
Telephone no. - Home _____ Office _____ Mobile _____
Email _____
Passport no. _____ Valid until _____

conscious of the penal sanctions for falsification of documents and false statements as per art. 76 DPR 445/2000,

DECLARE UNDER MY SOLE RESPONSIBILITY

Residency (for tax purposes) Address _____
Town _____ ZIP Code _____
Country _____

Foreign taxpayer reference/identification number _____

Italian taxpayer identification no.- Codice Fiscale (If you have one)

If EU resident: ISO Code _____ VAT no. _____

If resident outside the EU: Foreign taxpayer identification no. _____

Section 1: Income Tax - Double Taxation Convention (✓ where appropriate)

- I WISH NOT TO APPLY** for income tax relief under the double taxation convention between Italy and my country of residence
- I WISH TO APPLY** for income tax relief under the double taxation convention between Italy and my country of residence and for this purpose I submit **FORM D – OTHER INCOME** and the **COVER PAGE** (issued by Agenzia delle Entrate - Provvedimento Prot. N. 2013/84404 – and available for downloading on www.agenziaentrate.gov.it). For this purpose, I enclose:
 - a) any other possible supporting document required by the convention;
 - b) copy of the relevant passport pages (on which are shown: personal details, photograph, country of issue, passport issue and expiry dates and passport number).

Section 2: Value Added Tax ('✓' where appropriate)

- For the professional services supplied in Italy for V.A.T purposes, I will provide Università degli Studi di Padova with a "zero rated" invoice;
- For the professional services supplied outside of Italy for V.A.T purposes, I will provide Università degli Studi di Padova with an invoice charged with tax, not Italian.

Section 3: Payment details

Bank: _____
Account no. (with myself as beneficiary) _____
IBAN _____
Routing _____
Bic/Swift _____

We remind you that this declaration/request must be in line with any declaration/request already submitted in 2017 to the University of Padova (Department, Centre, Office, etc..).

Declaration

The information I have given in this form is correct and complete to the best of my knowledge and belief. I must inform University of Padova immediately of any changes to the information that I provided.

Date: _____

Signature: _____

Privacy and Data Protection

I consent to the use of the above information in accordance to Titolo III, capo I and II of D. Lgs. 30 June 2003 no. 196 (Privacy and Data Protection) for the purpose of fulfilling the obligations arising from the contract between myself and University of Padova.

Date: _____

Signature: _____

Attention: Please enclose a copy of your document of identification.