



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

MODULO A - 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 _____
Email¹ _____
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)

- o **I WISH NOT TO APPLY** for income tax relief under the double taxation convention between Italy and my country of residence
- o **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).

¹ This e-mail address will be used to send you Certificazione Unica – annual certificate of tax withheld by Università degli Studi di Padova. Please provide a valid e-mail address.

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 the current year to the Università degli Studi di 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 Università degli Studi di 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 D.Lgs. 30 June 2003 no. 196 as modified by D.Lgs. 101/18 for the purpose of fulfilling the obligations arising from the contract between myself and Università degli Studi di Padova.

Date: _____ Signature: _____

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