



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

**MODULO C - COLLABORAZIONI COORDINATE CONTINUATIVE 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<sup>1</sup> \_\_\_\_\_  
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**

*(Please '✓' one of the following options)*

- that I am not self-employed by profession and I do not have a V.A.T. number
- that I am self-employed but, for the professional services I provide here, I do not use the relevant technical-legal knowledge required to perform my self-employment activity

**A) For individuals that DO NOT WISH TO APPLY for income tax relief under the double taxation convention between Italy and their country of residence**

**Section 1**  
**I DECLARE UNDER MY SOLE RESPONSIBILITY**  
Employed by/profession \_\_\_\_\_  
Residency (for tax purposes) Address \_\_\_\_\_  
Town \_\_\_\_\_ ZIP/Post Code \_\_\_\_\_  
Country \_\_\_\_\_  
Foreign taxpayer reference/identification number \_\_\_\_\_  
Italian taxpayer identification no.- Codice Fiscale (If you have one)

<sup>1</sup> 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**

**I ALSO DECLARE THAT**

Gestione Separata INPS account: (please ✓ one of the following options)

- I have already opened an account with Gestione Separata INPS (We remind you that you do not need to open a new account if you have one already open);
- I will open an account with Gestione Separata INPS not before the start of my activity.

INPS contribution rate: (please ✓ one of the following options)

- (only for individuals resident in an EU Member State) In my country of residence I am liable to pay contribution to a pension scheme or I am a pensioner and therefore in Italy I can apply to pay INPS at reduced rate
- In my country I am not liable to pay contribution to a pension scheme and I am not a pensioner and therefore I am liable to pay INPS at ordinary rate

INPS contribution threshold: (please ✓ one of the following options)

- total income in Italy is below yearly INPS contribution threshold
- total income in Italy is above yearly INPS contribution threshold and therefore no Gestione Separata INPS contribution is due.

*(In the calculation of the total income, please consider only income subject to Gestione Separata INPS)*

**B) For individuals that DO WISH TO APPLY for income tax relief under the double taxation convention between Italy and their country of residence**

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](http://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).

**C) For all individuals**

**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.**