



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

**PERSONAL DATA - OCCASIONAL OR SPORADIC EMPLOYMENT WORK ABROAD  
NON-RESIDENT**

I,  
First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Middle Name \_\_\_\_\_ Sex M  F   
Place of birth - Country \_\_\_\_\_ Town \_\_\_\_\_  
Date of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

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

**DECLARE UNDER MY SOLE RESPONSIBILITY**

Employed by/profession \_\_\_\_\_  
Residency (for tax purposes) Address \_\_\_\_\_  
Town \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Country \_\_\_\_\_

Telephone no. - Home \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

Email<sup>1</sup> \_\_\_\_\_

Passport no. \_\_\_\_\_ Valid until \_\_\_\_\_

Foreign taxpayer identification no. \_\_\_\_\_

Italian taxpayer identification no. (Codice Fiscale) if possessed

**I 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 not self-employed but, for the professional services I were provide, I do not use the relevant technical-legal knowledge required to perform my self-employment activity

**FINALLY, I DECLARE THAT:**

**Section 1**  
This activity will take place in (foreign country): \_\_\_\_\_

**Section 2: Payment details**  
Bank: \_\_\_\_\_  
Account no. (with myself as beneficiary) \_\_\_\_\_  
IBAN \_\_\_\_\_  
Routing \_\_\_\_\_  
Bic/Swift \_\_\_\_\_

**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.**

<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