



UNIVERSITY OF INSUBRIA

THE UNDERSIGNED

Last name first name													
born in		on	/	/	F.C.								
PhD student/Research Fellow in	Dipartimento di Scienza e Alta Tecnologia												

RESIDENCE

street – no.		ZIP code	
town/city		province	

DOMICILE*

street– no.		ZIP code	
town/city		province	
phone		mobile phone	
e-mail			

If **foreign** national please indicate:

passport no.		issued on		by	
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**fill in only if different from residence*

DECLARES THAT *(tick the relevant boxes only)*

- I have already registered to the** "Gestione Separata INPS" Law no. 335/95.
In this case, enclose the self-certification
- I have NOT registered to the** "Gestione Separata INPS" Law no. 335/95 yet and will quickly provide to do so.

Please remember that **the registration is mandatory:**

The registration may be completed calling the toll-free number Inpsinforma 803.164 or on the website www.inps.it by clicking on servizi online(online services)/per tipologia di utente(according to user type)/cittadino(citizen)/lavoratori parasubordinati(parasubordinate workers), registration through PIN which must be requested online to the Institution.

Failure to register will entail the impossibility to proceed with payment.

- I do NOT have** other compulsory Social Security Schemes besides that of the "Gestione Separata INPS"
- I HAVE** other compulsory Social Security Schemes besides that of the "Gestione Separata INPS"
(if so, please indicate which one, for example: ENPAM , INPDAP, Lawyers' Fund, etc._____)
- in compliance with the Italian legislative Decree no. 196 dated 30/06/2003 and UE 2016/679 - GDPR I hereby authorize you to use and process my personal details contained in this document.

PAYMENT METHOD

- via bank transfer on the following checking or postal account** which they hold (*bank transfers on a checking account held by a third-party is not possible*):

IBAN CODE:			
Country Abbreviation <i>(2 letters)</i>	Check Digit <i>(2 figures)</i>	BBAN CODE <i>(23 alphanumerical characters without dots, slashes, etc.)</i>	
--	--	CIN	ABI CAB Checking Account
		-	-----

with: _____
(bank name and address)

FOR FOREIGN NATIONALS

PAYMENT :

BANK NAME AND ADDRESS	
NAME ON ACCOUNT	
ACCOUNT NUMBER (preferably IBAN CODE for European and Swiss residents)	
SWIFT code or BIC code	
ABA code or ROUTING NUMBER (for USA residents)	
SORT CODE (for UK residents)	

Signature
