Personal information form

To be filled in by other public sector employees and other non-Politecnico employees only

POLITECNICO DI MILANO

Date

The undersigned…… ……..……..…..
(indicate second name if any)

Position……nationality……...……...

born in (town or, if outside Italy, country)……..…province/state ……..……....on……..

resident in ……..province/state ……... postal code …….……

street address ……..n……..

domiciled in ……..province/state …….…. postal code …….……...

street address……..……..n……..

tel…….……..mobile ……fax…….…….……..

e-mail…….....

Tax Code

Employer (if any)…….……

Address ……..…….. tel……..…

PAYMENT METHOD

- Deposit to bank account

Bank…….……..……..Branch no...……...…….……

in ……..…..In the name of……..……..….

European banking information (IBAN) – PLEASE FILL IN ALL SECTIONS																									
	COD		CIN	ABI (bank code)					CAB (branch)					Current Account Number (fill in all 12 squares)											
IT																									

Bic/Swift Code (for international payments)

- Sent to domicile address in the form of a non-transferable cheque [ ]

I hereby declare that I have been informed, under art. 13 of Legislative Decree no. 196 dated 30.06.2003, that personal information obtained on me will be used, also through computer processing, exclusively for the purposes of the procedure for which this declaration is presented.

Signature

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