



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

**MODULO C 2014 - GRANT  
NON-RESIDENT**

I,

First Name \_\_\_\_\_ Surname \_\_\_\_\_  
Middle Name \_\_\_\_\_ Sex M  F   
Country of birth \_\_\_\_\_ Date of birth \_\_\_\_\_  
Telephone no. \_\_\_\_\_ Citizenship \_\_\_\_\_  
Passport no. \_\_\_\_\_ Valid until \_\_\_\_\_

**I DECLARE**

- I had performed/I am performing activities for other University of Padova Department/Center etc. by mean of:
- Co.co.co. contract with \_\_\_\_\_
  - Other contracts from which income I am treated as an employee (specify \_\_\_\_\_) with \_\_\_\_\_

**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 \_\_\_\_\_  
Email \_\_\_\_\_  
Foreign taxpayer reference/identification number \_\_\_\_\_  
Italian taxpayer identification no.- Codice Fiscale (If you have one)

**Section 2** ('✓' where appropriate)

- I request the application of the higher marginal income tax rate shown on the enclosed **C1 form**
- I request the application of the income tax deductions for 2013 shown on the enclosed **C1 form**
- None of the above (*do not fill up C1 form*)

**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 \_\_\_\_\_

**Declaration**

*The information I have given in this form is correct and complete to the best of my knowledge and belief.  
I must inform University of 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 Titolo III, capo I and II of D. Lgs. 30 June 2003 no. 196 (Privacy and Data Protection) for the purpose of fulfilling the obligations arising from the contract between myself and University of Padova.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_