

# DECLARATION OF PERSONAL IDENTIFYING DATA

SURNAME : \_\_\_\_\_

GIVEN NAME : \_\_\_\_\_

PLACE OF BIRTH : \_\_\_\_\_

STATE : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

LOCALITY : \_\_\_\_\_

ZIP CODE : \_\_\_\_\_

STATE : \_\_\_\_\_

NATIONALITY : \_\_\_\_\_

TAX IDENTIFICATION NUMBER (*Codice Fiscale*) : \_\_\_\_\_

The undersigned demands that the payment of the being up competences be carried out:

1. by means of deposit on the checking account no. \_\_\_\_\_  
of the Bank \_\_\_\_\_  
Address of the Bank : \_\_\_\_\_

2. to the shop of the CRTrieste Bank – Agenzia 23.

\_\_\_\_\_  
(signature)