COORDINATE BANCARIE / *BANK ACCOUNT NUMBER*

Il/La sottoscritto/a/*The undersigned*:

Cognome/*Surname*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nome/*First Name* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nato/a/*Born in*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Il/*On*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residente/*Resident in*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Via/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cap/*Zip Code*\_\_\_\_\_\_\_\_\_\_

Cellulare/*Mobile Phone* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Codice Fiscale⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐\_\_\_⏐

Documento di riconoscimento n./*ID Card or Passport n.*[\*] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anno accademico/*Academic year* \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Ciclo/*Cycle* \_\_\_\_\_\_\_\_\_\_\_\_\_

Dottorato di ricerca in /*PhD course*:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHIEDE / ASK

che i ratei della borsa di studio di dottorato siano accreditati sul proprio conto / that PhD scholarships are payed to my Bank account:

**Banca / *Bank name*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IBAN**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SWIFT/BIC CODE** (solo per c/c non italiani / only for non italian banks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data/*Date*, \_\_\_\_/\_\_\_/\_\_\_\_\_\_\_ FIRMA/*SIGNATURE*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[\*Allegare copia firmata di un proprio documento di riconoscimento.

 *Please attach a copy of your Passport or ID Card]*