**SUBJECT**: data communication for social security classification.

The undersigned Surname Name born in Prov. on Tax Code (***mandatory to*** *attach a copy of the card*) Mobile phone email (@unisi.it)

Registered residence**:**  Municipality (comune) Location

Prov. C.A.P. Via no.

Tax domicile (if different from residence) Municipality Location

Prov. C.A.P. Via no.

in relation to the assignment related to the activity of **RESEARCH FELLOW**

to be conducted at

in the period from to address

# HEREBY DECLARES

**under his/her own responsibility for the purposes of the application of the INPS Social Security Contribution pursuant to Law 335/95, art. 2, paragraphs 25 to 32 (which establishes Separate Management)**

1. **not to have exceeded** the annual income limit amount of €. 102,543.00**\***= and therefore authorizes this administration to make the corresponding tax withholding. The undersigned undertakes to communicate any excess of this limit in order to allow the interruption of the withholding tax and avoid the payment of amounts not due by the Institution. Failing this, the declarant declares to be available to return to the same Entity the amounts unduly credited in its separate management INPS as a result of his/her own omission pending reimbursement by the same. *PLEASE NOTE that the signing of this hypothesis is an alternative to no.2.*

SIGNATURE

1. to **have exceeded** or may exceed the annual income limit of €102.543,00**\***= and therefore, requests this administration not to proceed with the tax withholding. The undersigned undertakes to communicate if such limit is not exceeded in order to allow the application of the withholding tax and avoid non-compliance by the Entity. Failing this, he/she declares himself/herself available return to the same Entity any sums requested by the INPS as a result of the omission induced. *PLEASE NOTE that the signing of this hypothesis is an alternative to no.2. 1*

SIGNATURE

1. that **has/will** submit a self-declaration to the competent INPS office (art. 2 c. 26 law 335/1995).

SIGNATURE

1. of **BE** the holder of the mandatory social security coverage and/or indirect pension or reversibility treatment, therefore subject to the application of the **reduced rate** in force (with the exception of the Separate Management I.N.P.S -

. L.335/95), **at** (*indicate the name of the social security institution*) (*indicate the social security fund) .* In the event of a change in her/his position, the declarant undertakes to communicate it to the commissioner in order to provide for the correct contributory management. *PLEASE NOTE that the signing of this hypothesis is an alternative to no.5.*

SIGNATURE

1. **not to be** the holder of the mandatory social security coverage and/or indirect pension or reversibility treatment, therefore subject to the application of the **full rate** in force. In the event of a change in her/his position, the declarant undertakes to communicate it to the commissioner in order to provide for the correct contributory management. *PLEASE NOTE that the signing of this hypothesis is an alternative to no.4.*

***\*(valore in vigore dal 2019)***

SIGNATURE

# Subject: collection of fees due by the University

The undersigned..............................................................................................................................................................

Tax code..............................................................................................................................................................

type of relationship..............................................................................................................................................................

# Hereby requests

that his/her salaries be paid by bank transfer to:

* Bank Account number
* Postal Current Account (not postal book)
* Prepaid card (only with IBAN code)

(Note: any sanctions provided for by ABI circular no. 2797 of 23/05/2003 for failure to indicate one of the components of the IBAN code will be charged to the beneficiary)



# Note: the beneficiary must be "*at least*" co/holder of the account.



Place and date, 

Signature

# ATTACH:

* + ***Copy of IBAN issued by the Bank Branch***
  + ***Copy of tax code***



As regards the PROCESSING OF PERSONAL DATA, the information, drawn up according to the indications of art. 13 of EU Regulation 2016/679, is published on the University portal – Privacy [section https://www.unisi.it/ateneo/adempimenti/privacy](https://www.unisi.it/ateneo/adempimenti/privacy).

We invite you to take a close look at the abovementioned information, and inform you that:

the data will be processed according to the principles established by art. 5 (lawfulness, correctness, transparency, adequacy, relevance, accuracy, minimization of processing, limitation of storage, etc.) for the purposes of this contract. For the obligations deriving from it, the data may be transmitted to third parties (e.g., INAIL, Revenue Agency, etc.);

the Data Controller is the University of Siena, represented by the Rector; the Data Protection Officer is Prof. Gianluca Navone;

the data will be collected and processed on hardcopies and using IT tools in a way that guarantees security and confidentiality, creating hardcopy and/or IT archives;

data subjects can exercise with reference to the University of Siena, all the rights provided for by Articles 15 and subsequent ones, of the European Regulation; in particular, they can obtain: access to their personal data, their correction or integration, cancellation (so-called "right to be forgotten"), limitation of processing.

After having carefully read the information on the processing of your personal data published on the University portal in the Privacy section, the undersigned **AUTHORIZES** The University of Siena to process her/his personal data.

The undersigned confirms that, for tax, social security, and insurance purposes, she/he undertakes to abide by its provisions, as well as to promptly notify any change, exempting the contracting Entity from each and every liability in this regard.

In, ATTACHMENTS:

Signature