



UNIVERSITÀ DEGLI STUDI DI VERONA

LIQUIDATION TABLE

To be filled in by External Personnel of the University of Verona (Comparative evaluations, PhD Final Exams, Univ. Degree Final Exams...)

Please fill in all the parts of this form for a correct management of your position

The undersigned _____

Fiscal Code (if available) _____

Born in (City, State) _____ , _____

Date of Birth ____ / ____ / ____

Resident in (City, State) _____ , _____

Address _____

Postcode _____

Contact for communications (e-mail, phone or fax) _____

HEREBY REQUESTS

Payment of the amounts due to be made by means of

IBAN _____

BIC/SWIFT CODE _____

BANK ACCOUNT N° _____

BANK NAME _____

BANK ADDRESS _____ **City:** _____

BRANCH N° _____

____ / ____ / ____
(date)

(Signature)