



OUR INTERNAL REFERENCE
(DON'T FILL IT)
COD. _____

OBJECT: SUPPLIERS DATABASE UPDATE and SUBSTITUTE FOR ATTESTED AFFIDAVIT

We kindly ask you to fill and send us back this declaration, under the law D. Lgs. 196 del 30/06/2003.

SUPPLIERS DATABASE UPDATE (D.L. 223 of 04 July 2006)

SUPPLIER			
COMPANY NAME or SURNAME and NAME			
VAT NR.		TAX CODE	
TELEPHONE		FAX	
E-MAIL			

HEAD OFFICE		
STREET NAME		
CITY		
ZIP CODE and REGION/AREA	ZIP CODE:	REGION/AREA:

OPERATIONAL OFFICE (do not fill if is same as above)		
STREET NAME		
CITY		
ZIP CODE and REGION/AREA	ZIP CODE:	REGION/AREA:

TYPE OF COMPANY	
<input type="checkbox"/> COMPANY	<input type="checkbox"/> PROFESSIONAL
If you are professional, please you indicate place and date of birthday _____, ___ / ___ / ____	
<input type="checkbox"/> OTHERS _____	

SUBSTITUTE FOR ATTESTED AFFIDAVIT (art. 3 Law 13 August 2010, n. 136)

I, the below signed	born in	- contry	on
resident in	country	Street name	

the undersigned legal representative of the above mentioned company, in pursuance of article 47 of Presidential Decree of December 28, 2000, no. 445, and being aware of the penalties in case of false declarations, as per articles 445 of the Italian Penal Code

DECLARES THAT

- the bank or post office current account shown below is dedicated, but not necessarily exclusively, to jobs completed for the public sector:

BANK ADDRESS			
IBAN CODE			
ACCOUNT NR.		SWIFT CODE	
ACCOUNT HOLDER:			

- the persons that are delegated for transacting on this account are:

Surname and Name		Taxpayer Code Number	
Surname and Name		Taxpayer Code Number	
Surname and Name		Taxpayer Code Number	
Surname and Name		Taxpayer Code Number	

The undersigned will communicate any changes to Turismo Torino e Provincia.

The declaration is signed with a photocopy of a valid identity document, postal services or e-mail.

Place and date,

SIGNATURE OF DECLARANT

Turismo Torino e Provincia

Uffici e sede legale:

Via Maria Vittoria 19 • 10123 Torino Italy
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