

## SCHOLARSHIP PAYMENT

Università degli Studi di Trieste - Settore Servizi agli studenti e alla didattica – Ufficio Dottorati di ricerca

P.le Europa 1 – 34127 TRIESTE [dottorati@amm.units.it](mailto:dottorati@amm.units.it)

I, the undersigned,

Surname

Name

Date of birth

day month year

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Place of birth

Province (if any)

Permanent residence (city or town)

Province (if any)

Permanent address

Street number

### REQUEST

**that my scholarship be paid by bank transfer (in Italy):**

IBAN (International Bank Account Number, 27 characters)																										
Country	Check digit	Cin	ABI	CAB	Account number																					
Country: 2 letters (IT = Italy)					Check Digit: 2 numbers																					
Cin: check character					ABI: 5 numbers																					
CAB: 5 numbers					Account number: 12 characters (both letters and numbers)																					
The IBAN code must have 27 characters, only letters or numbers. If the account number is shorter than 12 characters, it must be preceded by zeros.																										

**Please note that the IBAN code has to be entered or modified by the students themselves through the University online services.**

**Information about privacy according to Art.13 of Legislative Decree no. 196/2003**

- a) personal information provided by the student is necessary for the University institutional functions
- b) the University will access this information exclusively for the above mentioned aims;
- c) the appointed official for treatment of personal data is University of Trieste - p.le Europa 1 - 34127 Trieste in the person of its legal representative, the Rector.

PLACE

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day month year

HANDWRITTEN SIGNATURE

Should the form is sent by post or handed in by a third party, proof of the validity of the student's signature must be provided by attaching a back to front photocopy of the student's valid ID document.

The Administration will carry out checks, including sample checks, on the truthfulness of the statements made.