**Scheda Anagrafica Fornitore**

**e Dichiarazione sulla tracciabilità dei flussi finanziari**

Persona Giuridica

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| Denominazione sociale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Persona Fisica

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| Cognome e Nome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Sede Legale/Indirizzo

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| Via e numero civico |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Città |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Provincia |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nazione |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telefono |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax (non obbligatorio) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Codice fiscale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Partita IVA CEE (solo per i possessori) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Sede operativa o domicilio (se differente da sede legale/indirizzo)

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| Via |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Città |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CAP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nazione |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Legale Rappresentante Società

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| Cognome e Nome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Codice fiscale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Riferimenti del Responsabile delle attività contrattuali per la gestione del contratto

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| Cognome e Nome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telefono |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobile |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| e-mail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Dati obbligatori in caso di lavoratore autonomo con partita Iva (professionista)/lavoratore occasionale (soggetto a ritenuta d’acconto)

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| Lavoratore Autonomo con Partita Iva (Professionista) | | | | | SI / NO | | | | | | | | | | | | | | | | |
| Lavoratore occasionale | SI / NO | | | | | | | | | | | | | | | | | | | | |
| Sesso | M / F | | | | | | | | | | | | | | | | | | | | |
| Data di nascita |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Luogo di nascita |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cassa di Previdenza Professionale |  | | | | | | | | | | | | | | | | | | | | |
| Iscrizione alla gestione separata dell'INPS | SI / NO | | | | | | | | | | | | | | | | | | | | |

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| e-mail (obbligatoria) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pec (obbligatoria solo per i titolari di P.Iva) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Dati obbligatori per datori di lavoro:

|  |  |
| --- | --- |
| Numero Matricola Inps Azienda |  |
| Sede Inps di appartenenza |  |
| Codice Ditta Inail |  |
| Sede Inail |  |

Dichiarazione rilasciata ai sensi della Legge 13 agosto 2010, n° 136 comunica gli estremi del/dei conto corrente/i utilizzati.

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| IBAN (1) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Generalità delle persone abilitate ad operare sul conto (1)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Codice Fiscale | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Generalità delle persone abilitate ad operare sul conto (1)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Codice Fiscale | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| IBAN (2) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Generalità delle persone abilitate ad operare sul conto (2)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Codice Fiscale | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Generalità delle persone abilitate ad operare sul conto (2)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Codice Fiscale | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| IBAN (3) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Generalità delle persone abilitate ad operare sul conto (3)

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| Nome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Codice Fiscale | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Generalità delle persone abilitate ad operare sul conto (3)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Nome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cognome |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Codice Fiscale | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

L’Impresa dichiara che il/i predetto/i conto/i opera/no nel rispetto della Legge 13 agosto 2010, n. 136.

L’Impresa si impegna a comunicare qualsiasi variazione rispetto ai dati forniti.

Allegare copia del documento d’identità (in corso di validità) del sottoscrittore ai sensi dell’art.38 D.P.R. 28/12/2000 n. 445

DATA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Timbro e firma

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