

CREDIT TRANSFER REQUEST

Please make the below-mentioned credit transfer by

° cash payment

° debit to account number: name:.....

the sum of eight Euro 50 E 8.50

date of payment day month year
 / / / / / /

PAYEE	Università degli Studi di Padova
ADDRESS	Via VIII Febbraio, 2
POST CODE	35122
CITY	Padova
BANK	Cassa di Risparmio del Veneto <i>INTESA SAN PAOLO SPA</i>
CIN	G
ABI	03069
CAB	12117
ACCOUNT NUMBER	100000300766
IBAN	IT86G0306912117100000300766
DESCRIPTION OF PAYMENT	Accident Insurance

PAYER (The payer must be the insured person)

Name and surname _____

Address _____

Place and date of birth _____

Tax Identification Number _____

Passport/Identity Card number _____

Date Signature

* free of bank charges if carried out at a branch of Cassa di Risparmio del Veneto