

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~~ <sup>6.50</sup>

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

PAYEE	Università degli Studi di Padova
ADDRESS	Via VIII Febbraio, 2
POST CODE	35122
CITY	Padova
BANK	<del>Cassa di Risparmio del Veneto</del> INTESA SAN PAOLO SPA
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