

**VOLUNTARY ENROLLMENT IN THE REGIONAL HEALTH CARE
STATISTICAL SPREADSHEET (ART. 10 D.M. 08/10/1986)**

 FIRST ENROLLMENT **ENROLLMENT CONFIRMATION**

SURNAME _____ NAME _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

NATIONALITY _____ Sex Male Female

DOMICILE/FOREIGN RESIDENCE _____

ITALIAN TAX CODE _____

DOMICILE/ITALIAN RESIDENCE: MUNICIPALITY _____

STREET _____ N. _____ Phone number _____

Mail address: _____

STUDENT AT (UNIVERSITY NAME) _____

LUMP SUM PAYMENT:

€ 700,00

Please specify if there are any dependent relatives:

Surname and name

Date of birth

Degree of kinship

And calculate the sum as follows:

Apply **7,50%** on last year's total income up to € 20.658 and, if needed, **4,00%** on the excess part of the income up to € 51.646

INCOME DATA:

Last year's income (please specify the year) _____ in Italy (1): € _____

in the foreign country (2) (foreign currency) _____ in the amount of € _____

Total income given by the sum of (1) + (2) (mandatory) € _____

In any case, the smallest sum total cannot be below € 2.000,00.

SELF-CERTIFICATION: aware of the penalties, in case of untrue declarations, of creation or use of false documents, referred to art. 76 del DPR 445 del 28 dicembre 2000, and of the administrative consequences related to the forfeiture of the benefits resulting from the enacted provisions based on untrue declarations

I DECLARE that all the above-mentioned facts are true.

Date _____

Signature _____

Please attach a copy of a valid document

Stamp and Signature (ASST) _____