Roma 26-29 MAY 2022

*cortesemente rinviare compilato appena possibile / please fill-in & return* ***ASAP***

***csio@piazzadisiena.it***

|  |  |  |  |
| --- | --- | --- | --- |
| **NOME/** ***NAME:*** |  | **COGNOME/*****SURNAME:*** |  |
| **NF:** |  |
| 🕿 cellulare/*mobile:* |  |
| City/ address |  |
| Tax ID |  |
| *Passport/ID card number (to be attached with this form)* |  |
| *Email:* |  |
| *Name of the bank* |  |
| *Name of the account holder* |  |
| *when different from the rider’s name, one of the following options must be indicated:*1. *Invoice issue (indicate company’s name)*
2. *In the name and of behalf of (indicate rider’s name)*
 |
| *Current account number* |  |
| *IBAN (for USA / CANADA the routing number / ABA must be entered)* |  |
| *Swift code/ BIC code* |  |

Date: Signature: