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| GALOPPO **TROTTO**  SELLA | PROPRIETARIO ALLENATORE ALLEVATORE FANTINO /GUIDATORE | **Spett.le MIPAAF**  Dipartimento delle politiche competitive, della qualità agroalimentare, ippiche e della pesca  Direzione generale per la promozione della qualità agroalimentare e dell'ippica  Via XX Settembre, 20  00187 ROMA |

Il sottoscritto

(cognome e nome)

in qualità di rappresentante della

(ragione sociale)

ai fini della applicazione della ritenuta alla fonte, con riferimento alla vigente normativa, dichiara sotto la propria responsabilità:

## DATI ANAGRAFICI E FISCALI

Denominazione

Residenza (persone fisiche) o Sede Legale (persone giuridiche)

Domicilio fiscale (solo se diverso da residenza)

Luogo e data di nascita (persone fisiche)

Luogo e data di costituzione Soc. (persone giuridiche)

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| Codice fiscale: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   (persone fisiche) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   (persone giuridiche) |

Recapito postale

(Via - n° civico - CAP - Città)

Posta elettronica  Telefono:

### DISPOSIZIONE PER LA LIQUIDAZIONE DELLE COMPETENZE EROGATE DIRETTAMENTE DAL MIPAAF

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Mediante accredito in c/c bancario di seguito specificato, **obbligatoriamente intestato al beneficiario**:  Banca Filiale n°  Indirizzo CAP Città  Intestato a   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | IBAN | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | paese | |  | | cin | abi | | | | | cab | | | | | n.Conto Corrente | | | | | | | | | | | | |

DICHIARAZIONE

Il sottoscritto  consapevole delle conseguenze civili e penali previste per coloro che rendono dichiarazioni false, dichiara sotto la propria responsabilità che le notizie fornite sono complete e conformi al vero.

Data FIRMA

**N.B.** Il presente modello deve essere spedito al MIPAAF o trasmesso via fax al n. 06 4742314, o inviato per posta certificata all'indirizzo **aoo.saq@pec.politicheagricole.gov.it**