

ATT. DS/A
PERSONAL DETAILS

**To SIAE – Section OLAF
Resale Right Distribution**

I, THE UNDERSIGNED

(Surname) (Name)

BORN IN ON

(Prov.)

NATIONALITY

(Tax Code)

RESIDENCE N. ZIP code

(Street or Square)

MUNICIPALITY PROV. TEL.

REGISTERED RESIDENCE (or, if different, tax domicile) N.

(Street or Square)

ZIP Code

(Municipality) (Prov.) (Country)

E-MAIL ADDRESS AND MOBILE PHONE

ASK

THAT SIAE – OLAF SECTION - DIRECTLY ATTRIBUTES THE REMUNERATION PROVIDED FOR BY ART. 154 OF THE COPYRIGHT LAW (633/1941 AND SUBSEQUENT AMENDMENTS), AS AUTHOR OF A WORK PROTECTED BY COPYRIGHT.

I ALSO ASK TO RECEIVE THE REMUNERATION PAID BY THE SISTER COMPANIES ABROAD.

ATTACHMENTS

PHOTOCOPY OF VALID ID-CARD, FORM INDICATING PAYMENT METHOD (ATT. DS/B)

DATE.....

SIGNATURE.....