

**To SIAE - OLAF Section  
Resale Right Allocation**

I	<input type="text"/>	<input type="text"/>
	(Last Name)	(First Name)
PLACE OF BIRTH	<input type="text"/>	<input type="text"/> <input type="text"/>
		(Prov.) (Date of birth)
CITIZENSHIP	<input type="text"/>	<input type="text"/>
		(Fiscal Code)
ADDRESS	<input type="text"/>	<input type="text"/> <input type="text"/>
	(Street or Square)	(Nr.) (ZIP)
CITY	<input type="text"/>	<input type="text"/> <input type="text"/>
		(Prov.) (Phone)
RESIDENT IN (or, if different, deemed resident)	<input type="text"/>	<input type="text"/>
	(Street or Square)	(Nr.)
ZIP	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(City)	(Prov.) (Country)
E-MAIL ADDRESS AND MOBILE PHONE	<hr/>	

**DEMANDS**

**AS DIRECT HEIR OF THE AUTHOR I PROVIDE HERETO THE FOLLOWING PERSONAL INFORMATION, DEMANDING THE DIRECT CONFERMENT FROM SIAE - OLAF SECTION - OF THE ROYALTIES UNDER ART.154 OF ITALY'S COPYRIGHT LAW (633/1941 AND SUBSEQ. AMENDMENT) AND THE CONFERMENT OF THE ROYALTIES PAID BY FOREIGN SISTER COMPANIES ON THE SAME BASIS**

<input type="text"/>	<input type="text"/>
(Author's Last Name)	(Author's First Name)
<input type="text"/>	<input type="text"/>
(Date of birth)	(Date of death)
<input type="text"/>	<input type="text"/>
(Place of birth)	(Prov.)
<input type="text"/>	<input type="text"/>
(Country)	(Author's fiscal code)

**ATTACHES**

COPY OF A VALID ID, PAYMENT METHOD FORM (ATT. DS/BS), SWORN STATEMENT IN LIEU OF THE STATUTORY DECLARATION (ATT. DS/ES)

DATE .....

SIGNATURE .....