

	<b>SPORTELLO ANAGRAFE SANITARIA UNIPD</b>  DISTRETTI SOCIO SANITARI UOS Servizi amministrativi distrettuali	05.22.00	Rev.00 del 01/11/2022
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## STATISTICS SHEET EX ART. 10 DM 8 JUNE 1986

 **FIRST REGISTRATION**
 **REGISTRATION RENEWAL**

Surname and name \_\_\_\_\_

Place of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Profession \_\_\_\_\_

Domicile abroad \_\_\_\_\_

Italian fiscal code \_\_\_\_\_

Resident in Italy in the municipality of \_\_\_\_\_

in street \_\_\_\_\_ number \_\_\_\_\_

### DEPENDENT FAMILY MEMEBERS

Surname and name	Date of birth	Family relationship	Any income

### TOTAL INCOME ACHIEVED:

- ABROAD (IN FOREIGN CURRENCY): \_\_\_\_\_  
(specify the value also in euros)
- IN ITALY: \_\_\_\_\_

Certifications produced in order of income (tick the corresponding box):

- self-certification
- competent authorities certificate
- other (please specify) \_\_\_\_\_

AMOUNT OF THE CONTRIBUTION PAID IN EUROS: \_\_\_\_\_

PAYMENT OF \_\_\_\_\_

He/She also declares to be informed, pursuant to and for the purposes of Legislative Decree 196 of 06/30/2003 as amended and integrated by Legislative Decree no. 101/2018, that the personal data collected will be processed, also with IT tools, exclusively in the context of the procedure for which this declaration is made.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the interested

<b>RESERVED TO THE OFFICE:</b> Date on which the application for registration with the NHS was presented:  Date and signature of the official _____
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