

	<p><b>To: ENASARCO FOUNDATION</b>  <b>Institutional Area</b>  <b>Department of Contributions</b>  <b>Registry and Receipts</b>                  Via Antoniotto Usodimare , 31  <b>00154 - R O M A -</b></p>
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**Re : Appointment by a Foreign Firm of a Company as its Agent**

The undersigned Company \_\_\_\_\_  
 taxation number \_\_\_\_\_ nationality \_\_\_\_\_  
 having its head office in \_\_\_\_\_,  
 at the address \_\_\_\_\_

declares that it is appointing the company/companies indicated below as its agent/s, as per the attached signed undertaking, beginning on the date of that signing **(1)**

FULL COMPANY NAME				AGENCY ROLL NO.		
TYPE (2)	SHORT FORM OF COMPANY NAME (if used)		REA (CCIA) No.		R.I. No. (TRIB. No.)	
COMPANY CODE	FISCAL CODE (obligatory)		VAT CODE (obligatory if different from Fiscal Code)		Date Company formed	
FIRST LINE OF ADDRESS			POSTAL CODE	PROV.	BUSINESS OO.SS.	
MUNICIPALITY (Locality)		TELEPHONE NO.	FAX NO.	E-MAIL ADDRESS		
The appointed Agent is <b>contractually bound</b> to work only for the declaring Company (cross one box)					<b>YES</b>	<b>NO</b>

FULL COMPANY NAME				AGENT ROLL NO.		
TYPE (2)	SHORT FORM OF COMPANY NAME (if used)		REA (CCIA) No.		R.I. No. (TRIB. No.)	
COMPANY CODE	FISCAL CODE (obligatory)		VAT CODE (obligatory if different from Fiscal Code)		Date Company formed	
FIRST LINE OF ADDRESS			POSTAL CODE	PROV.	BUSINESS OO.SS.	
MUNICIPALITY (Locality)		TELEPHONE NO.	FAX NO.	E-MAIL ADDRESS		
The appointed Agent is <b>contractually bound</b> to work only for the declaring Company (cross one box)					<b>YES</b>	<b>NO</b>

FULL COMPANY NAME				AGENT ROLL NO.	
TYPE (2)	SHORT FORM OF COMPANY NAME (if used)		REA (CCIA) No.		R.I. No. (TRIB. No.)
COMPANY CODE	FISCAL CODE (obligatory)		VAT CODE (obligatory if different from Fiscal Code)		Date Company formed
FIRST LINE OF ADDRESS			POSTAL CODE		PROV. BUSINESS OO.SS.
MUNICIPALITY (Locality)		TELEPHONE NO.	FAX NO.	E-MAIL ADDRESS	
The appointed Agent is <b>contractually bound</b> to work only for the declaring Company (cross one box)					YES NO

FULL COMPANY NAME				AGENT ROLL NO.	
TYPE (2)	SHORT FORM OF COMPANY NAME (if used)		REA (CCIA) No.		R.I. No. (TRIB. No.)
COMPANY CODE	FISCAL CODE (obligatory)		VAT CODE (obligatory if different from Fiscal Code)		Date Company formed
FIRST LINE OF ADDRESS			POSTAL CODE		PROV. BUSINESS OO.SS.
MUNICIPALITY (Locality)		TELEPHONE NO.	FAX NO.	E-MAIL ADDRESS	
The appointed Agent is <b>contractually bound</b> to work only for the declaring Company (cross one box)					YES NO

FULL COMPANY NAME				AGENT ROLL NO.	
TYPE (2)	SHORT FORM OF COMPANY NAME (if used)		REA (CCIA) No.		R.I. No. (TRIB. No.)
COMPANY CODE	FISCAL CODE (obligatory)		VAT CODE (obligatory if different from Fiscal Code)		Date Company formed
FIRST LINE OF ADDRESS			POSTAL CODE		PROV. BUSINESS OO.SS.
MUNICIPALITY (Locality)		TELEPHONE NO.	FAX NO.	E-MAIL ADDRESS	
The appointed Agent is <b>contractually bound</b> to work only for the declaring Company (cross one box)					YES NO

COMPANY STAMP AND SIGNATURE

Date \_\_\_\_\_

\_\_\_\_\_

- (1) Back contributions for previous years cannot be handled on this form.
- (2) Company type to be abbreviated as follows: Società per Azioni (SPA), Società Responsabilità Limitata (SRL), Società Cooperativa Responsabilità Limitata (SCARL), Società in Accomandita per Azioni (SAPA)