

Claim for the refund, exemption or application of the reduced tax rate on income paid to non-residents

Conventions for the avoidance of double taxation	<input type="checkbox"/> dividends (FORM A)	<input type="checkbox"/> interest (FORM B)	<input type="checkbox"/> royalties (FORM C)	<input type="checkbox"/> other income (FORM D)
EU Directives	<input type="checkbox"/> parent- subsidiary tax regime dir. 90/435/EEC (FORM E)		<input type="checkbox"/> interest and royalty tax regime dir. 2003/49/EC (FORM F)	

☐ DETAILS OF THE BENEFICIAL OWNER

Natural person	Surname	Name	Place of Birth	Date of Birth
Legal person <input type="checkbox"/> cross in the case of a permanent establishment	Business Name			
Foreign TIN	No. _____ <input type="checkbox"/> My country of residence does not issue a TIN for residents or I cannot obtain a TIN from my country of residence.			
Italian TIN (if issued)				
Residence	State	Full address		
Domicile (if different from residence)	State	Full address		
P.O. Box (optional)				
E-MAIL (optional)				

☐ DETAILS OF THE LEGAL REPRESENTATIVE

Natural person	Surname	Name	Place of Birth	Date of Birth
Legal person	Business Name			
TIN	No. _____ <input type="checkbox"/> My country of residence does not issue a TIN for residents or I cannot obtain a TIN from my country of residence.			
Italian TIN (if issued)				
Residence	State	Full address		
Domicile (if different from residence)	State	Full address		
P.O. Box (optional)				
E-MAIL (optional)				

☐ OTHER CO-BENEFICIARIES OF THE INCOME FOR WHICH REFUND IS BEING REQUESTED

Natural person	Surname	Name	Place of Birth	Date of Birth
Legal person	Business Name			
TIN	No. _____ <input type="checkbox"/> My country of residence does not issue a TIN for residents or I cannot obtain a TIN from my country of residence.			
Italian TIN (if issued)				
Residence	State	Full address		
Domicile (if different from residence)	State	Full address		
P.O. Box (optional)				
E-MAIL (optional)				

☐ DETAILS OF THE PROXY APPOINTED TO SUBMIT THE APPLICATION (IF PRESENT) ¹

Natural person	Surname	Name	Place of Birth	Date of Birth
Legal person	Name			
TIN	No. _____ <input type="checkbox"/> My country of residence does not issue a TIN for residents or I cannot obtain a TIN from my country of residence.			
Italian TIN (if issued)				
Residence	State	Full address		
Domicile (if different from the residence)	State	Full address		
P.O. Box (optional)				
E-MAIL (optional)				

PAYMENT METHOD (for refunds)

FINANCIAL INSTITUTION: _____

BANK ACCOUNT HOLDER² _____

(if part of the Economic and Monetary Union): BIC³ _____ IBAN _____

(if outside the Economic and Monetary Union)⁴: BANK ACCOUNT DETAILS _____

ADDRESS OF THE FINANCIAL INSTITUTION _____

SIGNATURE

ATTACHMENTS: _____

¹ Attach the original copy of the relative power of attorney

² If the beneficiary uses a proxy for the payment, fill in the application with the bank account of the proxy. For powers of attorney released abroad, the original copy with translation must be sent to Centro Operativo di Pescara. If the proxy for the collection is also the proxy for the submission of the application and/or for making the requested declarations, only one original copy with translation is required.

³ If Economic and Monetary Union: the BIC code is mandatory.

⁴ If not Economic and Monetary Union: the BIC code is an alternative to the address of the financial institutions.

[illegible]

FORM E – PARENT-SUBSIDIARY REGIME 90/435/EEC Directive

DECLARATION OF THE BENEFICIARY OR ITS AUTHORISED REPRESENTATIVE¹

The undersigned _____ acting as _____

Declares

- that the company _____ holds ____ % shares in the company _____ uninterruptedly from _____ ;
- that the above mentioned company is the beneficial owner of the dividends received and that same company is not holding the shares for the sole purpose of benefitting from the Parent Subsidiary tax regime;
- that all the information in this declaration is true and complete, and that the undersigned shall communicate if one or more of the requirements described above ceases to be, as well as of any variations in the supplied data and information.

Requests

- ☐ exemption from Italian tax according to the directive;
- ☐ refund of taxes regarding the income specified above;
- that the refund should be made according to the payment methods specified on the cover page.

Place and date _____

Signature _____

CERTIFICATION OF THE TAX AUTHORITY

The Tax Authority of _____ certifies that the company _____ meets the conditions provided in Committee Directive 90/435/EEC dated 23 July 1990 (art. 27-bis of Italian Presidential Decree no. 600/1973), and in particular:

- has one of the legal status of companies provided by Directive no. 90/435/EEC;
- during the _____ tax period, resides for tax purposes in _____ and is not considered resident outside the European Union according to a Convention with a third State for the avoidance of double taxation;
- is subject to one of the taxes listed in the mentioned Directive in the State of residence, without the possibility of benefitting from an option or exemption not limited by territory or time.

Date _____

Signature and Office Stamp

¹The authorised representative is the delegated person authorised to submit the application and/or supply the declarations requested by the Convention on behalf of the beneficial owner (see cover page), on the basis of the document that grants the relative power of representation (the original copy of which must be attached).