



DIRECT REGISTRATION OF A NON-RESIDENT FOR VAT

Declaration for direct registration, change of details, or cessation of activities

PANEL A																					
DECLARATION TYPE	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> 1 DIRECT REGISTRATION </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> 2 CHANGE OF DETAILS </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> 3 CESSATION OF ACTIVITIES </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 4 REQUEST DUPLICATE CERTIFICATE </div>																				
	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 45%;"> VAT NUMBER </div> <div style="border: 1px solid black; padding: 2px; width: 45%;"> DATE CHANGED </div> </div>																				
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PANEL B	SECTION 1 - INDIVIDUALS																				
TAX PAYER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">SURNAME</td> <td>NAME</td> <td>DATE OF BIRTH</td> <td>SEX</td> </tr> <tr> <td colspan="2">FOREIGN COUNTRY OR ITALIAN REGION OF BIRTH</td> <td>PROVINCE</td> <td colspan="2">COMPANY</td> </tr> <tr> <td colspan="2">FOREIGN VAT REGISTRATION NUMBER</td> <td colspan="3">TAX CODE</td> </tr> </table>	SURNAME		NAME	DATE OF BIRTH	SEX	FOREIGN COUNTRY OR ITALIAN REGION OF BIRTH		PROVINCE	COMPANY		FOREIGN VAT REGISTRATION NUMBER		TAX CODE							
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Foreign address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">COMPLETE ADDRESS (STREET, NUMBER)</td> </tr> <tr> <td>CITY</td> <td>FOREIGN STATE</td> </tr> </table>	COMPLETE ADDRESS (STREET, NUMBER)		CITY	FOREIGN STATE																
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	SECTION 2 - PARTIES OTHER THAN INDIVIDUALS																				
Identifying details	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">NAME OR COMPANY NAME</td> <td>LEGAL NATURE</td> </tr> <tr> <td colspan="2">FOREIGN VAT REGISTRATION NUMBER</td> <td colspan="2">TAX CODE</td> </tr> </table>	NAME OR COMPANY NAME			LEGAL NATURE	FOREIGN VAT REGISTRATION NUMBER		TAX CODE													
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Registered office	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">COMPLETE ADDRESS (STREET, NUMBER)</td> </tr> <tr> <td>CITY</td> <td>FOREIGN STATE</td> </tr> </table>	COMPLETE ADDRESS (STREET, NUMBER)		CITY	FOREIGN STATE																
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Representative	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">SURNAME</td> <td>NAME</td> <td>DATE OF BIRTH</td> <td>SEX</td> </tr> <tr> <td colspan="2">FOREIGN COUNTRY OR ITALIAN REGION OF BIRTH</td> <td>PROVINCE</td> <td colspan="2">TAX CODE</td> </tr> <tr> <td colspan="2">COMPLETE ADDRESS (STREET, NUMBER)</td> <td colspan="3"></td> </tr> <tr> <td>CITY</td> <td colspan="4">FOREIGN STATE</td> </tr> </table>	SURNAME		NAME	DATE OF BIRTH	SEX	FOREIGN COUNTRY OR ITALIAN REGION OF BIRTH		PROVINCE	TAX CODE		COMPLETE ADDRESS (STREET, NUMBER)					CITY	FOREIGN STATE			
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ACTIVITY CARRIED OUT	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>ACTIVITY CODE</td> <td>DESCRIPTION OF ACTIVITY</td> </tr> <tr> <td> </td> <td></td> </tr> </table>	ACTIVITY CODE	DESCRIPTION OF ACTIVITY																		
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COMPETENT OFFICE IN FOREIGN STATE																					

ATTACHMENTS

SIGNATURE

The undersigned undertakes to provide written accounts within the time scale established by the Italian Financial Administration, as stipulated by article 35-ter, clause 2, point e).

DATE	<input type="text"/>	Signature of Declarer	<input type="text"/>
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REPRESENTATION

The undersigned	<input type="text"/>	authorises	<input type="text"/>
		Mr./Mrs./Ms.	
born in	<input type="text"/>	on the	<input type="text"/>
			to submit this form on his/her behalf
Date	<input type="text"/>	Signature of Declarer	<input type="text"/>

**ELECTRONIC
SUBMISSION
UNDERTAKING**

Tax code of intermediary	<input type="text"/>	CAF registration	<input type="text"/>
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**RESERVED FOR
INTERMEDIARY**

Undertaking to submit electronically the declaration prepared by the tax-payer	<input type="checkbox"/>		
Undertaking to submit electronically the tax-payer's declaration prepared by the sender	<input type="checkbox"/>		
Date of undertaking	<input type="text"/>	Signature of intermediary	<input type="text"/>