

REVENUE STAMP At the current rate¹ TO BE APPLIED BY THE INTERESTED PARTY

Ctudent Ne	
Student No.	

Request for a true copy of the original

surname	name
born i	in on
	REQUEST a certified copy of the following document:
N.B.:	
n addit	tion to the revenue stamp affixed to this request form, the interested party must provide one or revenue stamp for every 4 pages/sides of the document:
n addit 16 Euro	
n addit 16 Eurc METHC	o revenue stamp for every 4 pages/sides of the document:
n addit 16 Euro METHO	O revenue stamp for every 4 pages/sides of the document: OD OF COLLECTION: I WISH TO COLLECT THE COPY AT THE ADMINISTRATIVE DESK AND ENCLOSE No
METHC	O revenue stamp for every 4 pages/sides of the document: OD OF COLLECTION: I WISH TO COLLECT THE COPY AT THE ADMINISTRATIVE DESK AND ENCLOSE No REVENUE STAMPS
n addit	DO OF COLLECTION: I WISH TO COLLECT THE COPY AT THE ADMINISTRATIVE DESK AND ENCLOSE No REVENUE STAMPS I AUTHORIZE THE FOLLOWING PERSON TO COLLECT THE COPY. FOR THIS PURPOSE, I ATTACH A PHOTOCOPY OF MY IDENTITY

¹ Stamp duty paid virtually pursuant to Article 15 of Presidential Decree 642/72. Siena Revenue Agency authorisation prot. no. 31068/2014 dated 27 August 2014