

CUSTOMER PROFILE SHEET

THE CARRIER (LEGAL HEAD OFFICE)

COMPANY NAME	
LEGAL ADDRESS	
CITY, POSTAL CODE, COUNTRY	
TAX CODE	
VAT NUMBER	
CERTIFIED ELECTRONIC MAIL (CEM)	
SDI CODE	

THE ADDRESS (if different from the legal address)

ADDRESS	
CITY, POSTAL CODE, COUNTRY	
PHONE	
FAX	
EMAIL	

COMPANY REPRESENTATIVE (individual contact person)

NAME AND LAST NAME	
COMPANY POSITION	
PHONE	
MOBILE PHONE	
FAX	
EMAIL	

Consent to Data Processing pursuant to Article 13 of Legislative Decree 30 June 2003, No. 196 and Article 13 of EU Regulation No. 2016/679

I declare that I have received the appropriate information, which forms an integral part of this Anagraphic Form, in accordance with Article 13 of Legislative Decree No. 196/2003 and Article 13 of EU Regulation No. 2016/679, containing provisions for the protection of individuals and other entities regarding personal data processing. I hereby grant my consent to such processing within the scope and methods indicated therein, to the extent that consent is required by law.

PLACE AND DATE

STAMP AND SIGNATURE
