**Bologna Welcome Events**

Annex I - Supplier database and traceability of financial flows

pursuant to Law Art.3

Metropolitan Bologna Incentive Plan 2023-2026

This form must be completed with your data and returned to the writer. The Data will be processed in accordance with Legislative Decree 196 of 30/06/2003.

|  |
| --- |
|  **Suppliers database** (pursuant to Legislative Decree 223 of 04/07/06) |
| **CONTRACTING COMPANY (for each individual company, ATI - Temporary Association of Companies - or Consortium between companies)** |
| Company name / Name and Surname: |  |
| VAT number / Cod. Tax: |  |
| Telephone: |  |
| e-mail: |  |
| **REGISTERED OFFICE** |
| Address: |  |
| Municipality and Country: |  |
| ZIP code: |  |
| **OPERATIVE OFFICE (to be filled in if different from the registered office)** |
| Address: |  |
| Municipality and Country: |  |
| ZIP code: |  |
| **COMPANY TYPE** |
| * Company
 | * Self-employed (professional)
 |
| If subject to withholding tax, indicate place and date of birth ………………… , …..……….. /…………….. / ………………….  |
| * Other
 |  |

|  |
| --- |
| **Statement of traceability of financial flows (pursuant to art. 3 of Law 13 August 2010, no. 136** |
| The undersigned: |  |
| Born in, Country, Date of birth: |  |
| Domiciled for the purposes of this deed in (city and address): |  |

as legal representative of the company mentioned above and making use of the option granted by Article 47 of Presidential Decree of 28 December 2000 n. 445 and aware of the penalties provided for by the Criminal Code and by the special laws on the subject in the event of false declarations

**DECLARES THAT**

* the references of the dedicated current account, even on a non-exclusive basis to public contracts, are:

|  |  |
| --- | --- |
| Bank |  |
| IBAN code |
| Account number |  | SWIFT code |  |
| In the name of: |

* the subjects authorized to carry out movements on the aforementioned account are:

|  |  |  |  |
| --- | --- | --- | --- |
| Surname and Name |  | Fiscal Code |  |
| Surname and Name |  | Fiscal Code |  |
| Surname and Name |  | Fiscal Code |  |
| Surname and Name |  | Fiscal Code |  |

The undersigned also undertakes to communicate any changes to the Bologna Convention Bureau.

A copy of the valid identification document is attached.

**Please Note that the document must be signed in the Italian language copy and it must be sent on headed paper of the association / agency / company to the e-mail address** **fondazionebolognawelcome@legalmail.it** **and in cc copy to the e-mail address** **bcb@bolognawelcome.it** **together with the identity document of the legal representative.**

**Bologna Convention Bureau reserves the right to carry out checks on the veracity of the statements made during the grant application and to request further information, if necessary.**