

## APPLICATION FOR A TAX CODE, NOTIFICATION OF CHANGE OF DETAILS AND REQUESTS FOR A TAX CODE CARD/DUPPLICATE OF THE NATIONAL HEALTH SYSTEM CARD (NATURAL PERSONS)

Information regarding the processing of personal data pursuant to Article 13 of Legislative Decree No 196 of 2003

**Legislative Decree No 196 of 30 June 2003 "The Code for the Protection of Personal Data" provides for a system of protection for the processing carried out on personal data. A summary is outlined below of how the data contained in this form will be used and what rights are granted to citizens.**

### Purposes of processing

The Ministry of the Economy and Finance and the Revenue Agency inform you, on their behalf and on behalf of other persons obliged to do so, that in this form there is personal data that will be processed by the Ministry of the Economy and Finance and the Revenue Agency to allocate the tax code, obtain changes to personal and address details, obtain information on deceased persons, and send the tax code card or a duplicate of the national health system card.

The data in the possession of the Ministry of the Economy and Finance and the Revenue Agency may be communicated to other public entities (for example, the Municipalities) where legislation provides for this, or when such communication is necessary in order for them to carry out their institutional functions.

The same data may also be communicated to private or public economic entities where the legislation provides for this.

### Personal data

The data requested in this form must be supplied to prevent the application of administrative and, in some cases, criminal sanctions.

### Method of processing

The paper form must be submitted by the person concerned, or through a delegate, to any Revenue Agency office.

Any person(s) resident overseas may submit the paper form to the Italian diplomatic or consular representation in their country of residence or to any Revenue Agency office.

The data will mainly be processed electronically and with logical systems that are adequate to the achievement of the objectives, which will also be pursued by checking:

- the other data in the possession of the Ministry of the Economy and Finance and the Revenue Agency, also if provided, as required by law, by other persons
- the data in the possession of other bodies

### Data controllers

When this data is made available to them and falls under their direct control, the Ministry of the Economy and Finance and the Revenue Agency become "the data controllers for the processing of the personal data". They keep a list of the controllers, which is available upon request.

### Persons responsible for data processing

"Data controllers" may make use of the services of others designated "responsible".

In particular, the Revenue Agency makes use of the services of the company So.ge.i. S.p.a. as the external entity responsible for data processing, in its capacity as technological partner to which the management of the information system of the Tax Register is entrusted.

### Taxpayer's rights

The person (taxpayer) concerned, in terms of article 7 of Legislative Decree No. 196/2003, may view his personal data at the premises of the data controller or the person responsible for data processing in order to verify the use to which it is being put or if necessary, to correct or update it within the limits provided for by law, or to cancel it or oppose its processing, where it is being processed illegally.

These rights may be exercised upon request to:

- Ministry of the Economy and Finance, Via XX Settembre 97 – 00187 Rome;
- Revenue Agency – Via Cristoforo Colombo, 426 c/d – 00145 Rome.

### Consent

The Ministry of the Economy and Finance and the Revenue Agency, in their capacity as public entities, do not need to acquire the consent of the persons concerned in order to process their personal data.

***This information is given generally on behalf of all the data controllers referred to above.***

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REQUEST FOR TAX CODE CARD/DUPLICATE OF NATIONAL HEALTH SYSTEM CARD  
(NATURAL PERSONS)

PART A Section I Applicant type	<input type="checkbox"/> <b>D</b> DIRECT APPLICATION FOR YOURSELF		<input type="checkbox"/> <b>T</b> APPLICATION FOR A THIRD PARTY		APPLICANT TYPE CODE (only for the allocation of a tax code) <input type="text"/> <input type="text"/>	
Section II Application type	<input type="checkbox"/> <b>1</b> ALLOCATION OF A TAX CODE		REQUEST FOR A TAX CODE CARD <input type="checkbox"/>			
	<input type="checkbox"/> <b>2</b> CHANGE OF DETAILS		TAX CODE <input type="text"/>			
	<input type="checkbox"/> <b>3</b> NOTIFICATION OF DEATH		TAX CODE <input type="text"/>		DATE OF DEATH <input type="text"/>	
	<input type="checkbox"/> <b>4</b> REQUEST FOR TAX CODE CERTIFICATE		TAX CODE <input type="text"/>			
	<input type="checkbox"/> <b>5</b> REQUEST FOR DUPLICATE OF TAX CODE CARD/NATIONAL HEALTH SYSTEM CARD		TAX CODE <input type="text"/>		<input type="checkbox"/> REASON	
PART B Personal details	SURNAME <input type="text"/>			NAME <input type="text"/>		SEX <input type="text"/>
	MUNICIPALITY OF BIRTH (or Foreign State) <input type="text"/>			PROVINCE <input type="text"/>	DATE OF BIRTH <input type="text"/>	
PART C Registered residence/ Tax domicile	MUNICIPALITY <input type="text"/>			PROVINCE <input type="text"/>	POSTCODE <input type="text"/>	
	TYPE (street, square, etc.) <input type="text"/>		ADDRESS <input type="text"/>			
	HOUSE NUMBER <input type="text"/>		AREA/OTHER <input type="text"/>			
PART D Residence overseas	FOREIGN STATE <input type="text"/>			FEDERAL STATE, PROVINCE, COUNTY <input type="text"/>		
	TOWN OF RESIDENCE <input type="text"/>			POSTCODE <input type="text"/>		
	ADDRESS <input type="text"/>					
PART E Other possible tax codes allocated	TAX CODE <input type="text"/>					
	TAX CODE <input type="text"/>					
DOCUMENTS ENCLOSED	<input type="text"/>					
SIGNATURES	APPLICANT TAX CODE FOR NON-NATURAL PERSONS <input type="text"/>			TAX CODE OF SIGNEE <input type="text"/>		
	DATE <input type="text"/>			SIGNATURE <input type="text"/>		
DELEGATE	Signee <input type="text"/>			delegate <input type="text"/>		
	born in <input type="text"/> on <input type="text"/>			TAX CODE <input type="text"/>		
	I am submitting the form on this person's behalf and shall collect any possible certification issued by the office					
	DATE <input type="text"/>			SIGNATURE <input type="text"/>		