

REPRODUCTION REQUEST FORM

To the Manager

The undersigned
Id. fiscal/tax number (VAT, NIF, Steuernnummern)
as of the company/organisation
Town of birth (or country)
Province
Date of birth

Residence
Town/city Prov.
Country
Address
Postal code tel. fax

Domicile - if different from residence
Town/city Prov.
Country
Address
Postal code tel. fax
email

Foreign fiscal code released by the authority of the belonging country (compulsory for residents in both, the EU and not)

Fiscal n. /VAT

DECLARES

under his/her own responsibility and in accordance with Italian Presidential Decree 445/2000 to be aware of the contents of Council Resolution no. 129190/2019 of 21/03/2019 concerning the approval of the tariff plan.

in the magazine <input type="checkbox"/>	In the book <input type="checkbox"/>	CD <input type="checkbox"/>	DVD <input type="checkbox"/>	TV programme <input type="checkbox"/>	website <input type="checkbox"/>
<input type="checkbox"/> other (briefly describe)					
author*					
title					
publisher, place of publication and date					
copies			cover price		

* If the distribution channels are not a magazine or book, the identifying information of the specific medium must be entered.

SHIPPING

- By postal service By electronic means (recommended)

Place and date

Signature

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Note: The grant will be finalised upon acceptance by the Manager. You will receive an estimate of the costs including any right of reproduction and the reimbursement of shipping/collection costs, if due.