



WCSA

WORLD COMPLEXITY SCIENCE ACADEMY Registered
Office: Via del Genio, 7 – 40135 Bologna (Italy) Tax code.
91318130373

APPLICATION FORM

First Name: _____ **Family Name** _____
Place of Birth _____ (district) _____ Date of Birth _____
National Insurance number _____

Position:

Place of residence: _____ Country _____ ZipCode _____

Address _____

E-mail _____

Tel: _____ Fax: _____ Mobile: _____

Introduced by: _____

The subscriber hereby declares that his/her certification is truthful and that he/she adheres with no reservation to the WCSA Statute.

Date _____ Signature _____

In compliance with d.lgs. 196/2003, containing privacy provisions protecting any legal or private person, and by signing the present document, the subscriber gives consent to personal data processing, either directly or through third party, in order to comply with municipal laws and European Community regulations and norms.

However, each contracting party maintain the right to avail him/herself of what provided by article 13 of law n.675 of 31/12/1996 concerning personal data processing, in particular the one envisaging a request of updating, rectifying or cancelling of the said data.

Signature _____

Bank account for the payment of the entry fee:
IBAN CODE: IT37 Y030 1503 2000 0000 3497 794
FINECO BANK, Salita San Nicola da Tolentino 1/B, Roma
For foreign bank transfer SWIFT CODE OR BIC:
BIC receiving bank (swift): UNCRITMM
BIC beneficiary bank: FEBIITM1