

**TO THE RECTOR OF THE UNIVERSITY
OF MESSINA**

I, the undersigned _____

Born in _____ date (gg/mm/aaaa) _____

Province _____ Country _____ Citizenship _____

Permanent address _____ Province _____ Street _____

Zip/Postal Code _____ Country _____

Fiscal code _____

Telephone no. _____ E-mail _____

Enrolled to PhD course _____

Cycle _____

If enrolled in other social security forms indicate which _____

REQUEST

That his own scholarship payments are credited to a bank account

Financial Institution _____

Address _____

Branch _____

Bank Code _____

The undersigned engages in communicating any change in the account or bank, relieving the University Administration of any damage that may result from the accreditation.

Best regards

Messina, (dd/mm/yy) _____

legible signature: _____