



Servizio Contribuzioni
Ufficio Imprese Preponenti
Via Antoniotto Usodimare 31
00154 - Rome

FORM 612-EN/2013 REGISTRATION OF FOREIGN PRINCIPAL COMPANIES AND APPOINTMENT OF AGENTS OR REPRESENTATIVES OPERATING AS PARTNERSHIPS

ART.2, PARAGRAPH 2 OF THE REGULATIONS
GOVERNING THE INSTITUTIONAL ACTIVITIES
OF FONDAZIONE ENASARCO



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The undersigned foreign company _____
for EU companies indicate the VAT number
 tax code _____ nationality _____
 with legal office in _____
 address _____
indicate the email address of a contact person at the foreign company or one of its consultants
 email _____

hereby declares that it appointed the following partnership as AGENT or REPRESENTATIVE ON (compulsory) _____/_____/_____:

FULL COMPANY NAME		TYPE OF COMPANY (1)	
INITIALS OF THE COMPANY NAME (if used)		CHAMBER OF COMMERCE REG.NO. PROV.	DATE OF INCORPORATION
PARTNERSHIP CODE	TAX CODE (compulsory)	VAT NO. (compulsory if different from Tax Code)	
LEGAL OFFICE			STREET NO.
TOWN (District)		POSTCODE	PROV.
TELEPHONE	FAX		
EMAIL ADDRESS	PUBLIC CERTIFIED EMAIL ADDRESS		
ADMINISTRATIVE OFFICE (if different from the legal office)			STREET NO.
TOWN (District)		POSTCODE	PROV.
TELEPHONE	FAX		

NOTA (1) General Partnership (SNC), Limited Partnership (SAS)

The Partnership is bound by contract to only work for the Principal Company: (cross the relevant box)	YES	NO
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If this is a first-time registration, **details of the notarial deed** or the private agreement with **sure date of incorporation** must be provided or the deed of incorporation must be attached (art. 3 paragraph 2 of the Regulations governing Institutional Activities 2012).

PARTNERS WITH UNLIMITED LIABILITY
 The contribution must be divided amongst the partners with unlimited **liability** in proportion to the percentage of shares held in the partnership by each of the same (Art. 4 paragraph 3 of the Regulations governing Institutional Activities 2012).
 For limited partnerships, this is only valid for the general partners (to whom article 2314 paragraph 2 of the Civil Code is not applicable).
 For general partnerships this is valid for all the partners.



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1st PARTNER					
SURNAME		FIRST NAME		SEX <input type="checkbox"/> F <input type="checkbox"/> M	
MATRICULATION NO.	TAX CODE (compulsory)		VAT NO.		
DATE OF BIRTH	PLACE OF BIRTH (Town or Foreign State)			PROV.	
RESIDENCE				STREET NO.	
TOWN (District)			PROV.	POSTCODE	
TELEPHONE			FAX		
EMAIL ADDRESS			PUBLIC CERTIFIED EMAIL ADDRESS		
			% SHARE IN PARTNERSHIP	AGENT'S SIGNATURE	

2nd PARTNER					
SURNAME		FIRST NAME		SEX <input type="checkbox"/> F <input type="checkbox"/> M	
MATRICULATION NO.	TAX CODE (compulsory)		VAT NO.		
DATE OF BIRTH	PLACE OF BIRTH (Town or Foreign State)			PROV.	
RESIDENCE				STREET NO.	
TOWN (District)			PROV.	POSTCODE	
TELEPHONE			FAX		
EMAIL ADDRESS			PUBLIC CERTIFIED EMAIL ADDRESS		
			% SHARE IN PARTNERSHIP	AGENT'S SIGNATURE	

3rd PARTNER					
SURNAME		FIRST NAME		SEX <input type="checkbox"/> F <input type="checkbox"/> M	
MATRICULATION NO.	TAX CODE (compulsory)		VAT NO.		
DATE OF BIRTH	PLACE OF BIRTH (Town or Foreign State)			PROV.	
RESIDENCE				STREET NO.	
TOWN (District)			PROV.	POSTCODE	
TELEPHONE			FAX		
EMAIL ADDRESS			PUBLIC CERTIFIED EMAIL ADDRESS		
			% SHARE IN PARTNERSHIP	AGENT'S SIGNATURE	



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4th PARTNER					
SURNAME		FIRST NAME		SEX <input type="checkbox"/> F <input type="checkbox"/> M	
MATRICULATION NO.	TAX CODE (compulsory)		VAT NO.		
DATE OF BIRTH	PLACE OF BIRTH (Town or Foreign State)			PROV.	
RESIDENCE				STREET NO.	
TOWN (District)			PROV.	POSTCODE	
TELEPHONE			FAX		
EMAIL ADDRESS			PUBLIC CERTIFIED EMAIL ADDRESS		
			% SHARE IN PARTNERSHIP	AGENT'S SIGNATURE	

5th PARTNER					
SURNAME		FIRST NAME		SEX <input type="checkbox"/> F <input type="checkbox"/> M	
MATRICULATION NO.	TAX CODE (compulsory)		VAT NO.		
DATE OF BIRTH	PLACE OF BIRTH (Town or Foreign State)			PROV.	
RESIDENCE				STREET NO.	
TOWN (District)			PROV.	POSTCODE	
TELEPHONE			FAX		
EMAIL ADDRESS			PUBLIC CERTIFIED EMAIL ADDRESS		
			% SHARE IN PARTNERSHIP	AGENT'S SIGNATURE	

WARNING

All amendments relative to the appointment conferred and to the person and tax-related details of the principal company and the agent must be promptly communicated to Fondazione Enasarco. Failure to register or communicate the termination of an agency relationship constitutes a **violation of the ancillary obligations** and will result in the application of a sanction equal to **€ 250.00 for each agent** (art. 40 Regulations governing Institutional Activities 2012).

PLACE AND DATE

PRINCIPAL COMPANY'S STAMP

(Signature of the legal representative)