

PRE-ENROLMENT APPLICATION FORM

(please, write in block letters)

Last name			
First name			
Gender M F			
Fiscal Code			
Date of birth			
State of birth			
Town			
State of Residence			
Full address			
<u>Domicile in Italy</u> (full address, if you already kno	ow it)		
Telephone number.	Mobile number		
E-mail address			
Briefly state, in an attached separate paper, the re	easons why you intend attend the	course (attach A).	
Do you know English, even if basic?	YES	NO	
Do you know Italian, even if basic?	YES	NO	
The undersigned asks to register for the		(course,
starting next		·	
Date	Signature		
Bank transfer of € 2.000 for the enrolment			
reason of the payment: enrolment of Mr./	Ms. (name and surname) in the co	ourse	

Società Cooperativa Sociale Academia Cremonensis Account owner name:

Bank name: Banca Popolare di Sondrio

Bank address: via Dante 134, 26100 Cremona, Italia

BIC / SWIFT LOCAL: POSOIT2108U

IT25M0569611400000010458X17 IBAN Code: