



Modulo di Unità Operativa	MU 201210 15 ENG
DEPARTMENT OF ACCOUNTING AND BALANCE SHEET	
SUPPLIER REGISTRATION AND DATA UPDATE FORM	
Rev. 4 del 09/06/2025 Pagina 1 di 2	

New registration

Change of registration

Company name		
Registered office- Address		
City	Zip Code	Code Province
Phon	Fax	
VAT number	Tax Code	
INPS Registration Number*		
INAIL Registration Number*		
Other Pensions Registration Number*		
Chamber of Commerce Registration Number*		
Employees (if none, indicate 0)		
Email address (not Certified Email)		

ADMINISTRATIVE OFFICE (to be filled out <u>only if different from the legal address</u>)		
Address		
Town/City	City Zip	Code Province

DATI AIC		
Supplier of medical devices	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Producer or distributor of drugs with AIC	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Identifying Data NSO (Order Routing Node)		
SdICoop:		
Intermediary Peppol:		
Certified Email:		
Contact email address:		

Declaration issued for the purposes of traceability of financial flows (art 3 L. 136/2010)		
Dedicated bank account also not exclusively for relationships with the Public Administration		
Bank Branch:		
Address of City:		
IBAN CODE:		
Account Holder:		
Authorized to perform transactions on the aforementioned account (delegates or co-holders):		
Surname Name:		
Surname Name:		
Surname Name:		

Date,

Signature of the declarant: _____

*Where applicable

Note: This form must be completed by the supplier in the following cases:

- for inclusion in the AOUI supplier register in the context of existing contractual relationships;
- or in the event of any changes to previously declared information (including changes in the legal representative or their delegate).

The supplier certifies — pursuant to Articles 46 and 47 of Presidential Decree 445/2000 — that the information provided in this form is complete and accurate.

Failure to complete a field will be considered a negative declaration (e.g., failure to indicate the “Registration Number” will be interpreted as a declaration of non-registration).

Partial or incomplete responses will not be accepted.

The supplier also attests — pursuant to Article 19 of Presidential Decree 445/2000 — that the documentation attached to this form, or submitted at a later date, is a true copy of the original.

A copy of the declarant’s identity document must be attached.

Please note: this form contains specific terms and references to Italian laws and administrative practices, which may not have direct equivalents in other countries.