**APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | Date of birth |  |
| Place of birth |  |  Nationality  |  |
| Mobile phone number |  | E-mail address |  |
| Contact address |  |
| Permanent address |  |
| Declaration for agreeing to Sino-Italian Institute processing the personal information provided |  |

SIGNATURE Date\_\_\_/\_\_\_/\_\_\_\_\_

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