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Registration Form

To the attention of the officer in charge of
the Historical Archive of Assicurazioni Generali

(space reserved for the office)

Progr. No.:	Year
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I the undersigned _____
Residing in _____ County/State/Province _____
Address _____
Country _____ Postcode _____
ID/Passport _____ Nationality _____
Profession _____
Phone / Mobile _____ Fax _____
E-mail _____

request

to be registered as a visitor to the Historical Archive of Assicurazioni Generali for a research on the following subject:

For the purpose of:

Graduating Thesis / Diploma / Doctorate

Project advisor: _____

University/Faculty _____



Publication / Research project

Other (please, specify)

To this aim, I hereby declare that I am acquainted with the Rules and Regulations of the Historical Archive and that I am aware of the existence of the *Codice di deontologia e di buona condotta per i trattamenti dei dati personali per scopi storici* (Regulation n. 8/P/2001 of March 14, 2001 and future amendments and updates) [Italian code of conduct for the treatment of personal data for historic research], of the *Codice in materia di protezione dei dati personali* (Legislative Decree 196/2003) [Italian code on protection of personal data], as well as of the Italian legislation on the protection of copyright (Law 633/1941 and Law 248/2000).

I hereby agree that my personal data will be treated in accordance with art. 13 of Legislative Decree 196/2003.

Trieste, _____ Signature _____

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Registration	is granted is not granted	The officer in charge
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Original copy for the office

Copy for the researcher