



CONSOB
Administration and Finance Division
Accounting and Budget Office
Via G.B. Martini, n. 3
00198 – ROME - ITALY
Email: contributi@consob.it

Subject: Reimbursement form.

(Firm name)

Legal address: _____

Tax number: _____

Ask for the reimbursement of € _____ paid as supervision fee to Consob:

☐ over payment or double payment

☐ _____
(other reason)

by bank credit transfer to the following current account:

Bank name: _____

Branch: _____

Account holder: _____

Account Number: _____

SWIFT CODE: _____

IBAN CODE: _____

Necessary documents to be attached to reimbursement request:

- copy of the receipt of the bank credit transfer of the amount double paid or overpaid as supervisory contribution

Name, phone and fax number:

Name: _____

Contact: _____
(phone, fax, email)

Date, _____

Signature
