# **USER PERSONAL DATA SHEET**

# **Trans-national Access @ PSI**

# **Villigen, Zürich, Switzerland**

|  |  |
| --- | --- |
| Proposal number | ID-xxx |

**General Data for Accountancy purposes**

|  |  |
| --- | --- |
| Surname |  |
| Name |  |
| Date of Birth | dd/mm/yyyy |
| Place of Birth and Country |  |
| Gender | male/female |
| Fiscal Residence address (ZIP code included) |  |
| Home Address (ZIP code included) |  |
| Nationality |  |
| National TAX Registration number |  |
| Italian Fiscal Code, if any |  |
| Telephone |  |
| Fax |  |
| E-Mail |  |

Bank Details Mandatory for Reimbursement Purposes (otherwise skip)

|  |  |
| --- | --- |
| Bank Name |  |
| Bank Branch |  |
| Address |  |
| Account holder |  |
| Account Number |  |
| IBAN/BBAN Code |  |
| SWIFT/BIC Code |  |

***Please note that a EURO bank account is recommended otherwise all bank fees are charged to the account holder.***

Data for Accountancy registration and Periodic Reporting purposes

|  |
| --- |
| Education and work position |
| Degree /PhD in (specific) |  | Date | dd/mm/yyyy |
| Obtained at University |  |
| Current Position |  |
| Current Affiliation |  |
| Activity Domain of your proposal**(please choose)** | 🞎 Chemistry🞎 Earth Sciences & Environment🞎 Energy🞎 Engineering & Technology🞎 Humanities🞎 Information & CommunicationTechnologies🞎 Life Sciences & Biotech🞎 Material Sciences🞎 Mathematics🞎 Physics🞎 Social Sciences |

**Institution type (please choose)**

🞎 Private Research Institute

🞎 Public Research Institute

🞎 Private University

🞎 Public University

🞎 SME

🞎 Other Industrial and/or profit Private organization

|  |  |
| --- | --- |
| **Please specify Country.**  |  |

Period of Access

|  |  |
| --- | --- |
| Starting Date | dd/mm/yyyy |
| End Date  | dd/mm/yyyy |

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### **Before accessing PSI’s premises**

Please be informed that in order to access PSI premises, all users must have full insurance coverage of Civil Liability and working accident insurance. No evidence is required. If a user is not covered by any insurance, s/he must open a new insurance policy.

Users are recommended to have a health insurance policy, whether private or issued by a Health organisation/institution in their country of origin.

Below listed documents are to be returned A.S.A.P. and in no case later than 14 days prior to the starting date of the access session via email to **useroffice\_cnr@nffa.eu**:

1. User personal data sheet
2. PDF copy of a valid identification document

BEWARE: You should by now have already sent your *User agreement declaration* to tlnet@nffa.eu. If not, please provide immediately.

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Useful contacts

**NFFA-Europe useroffice@ CNR-IOM**

For all matters concerning reimbursements

Email:useroffice\_cnr@nffa.eu

**Local PSI contact:**

For technical matters: Herr Dr.Kazazis Dimitrios

Paul Scherrer Institut

Dimitrios Kazazis

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5232 Villigen PSI

Switzerland

Telefon: +41 56 310 5578

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