# *CAB information.*

# Service provider

|  |  |
| --- | --- |
| Posting company (= service provider) name : |  |
| VAT n.:  |  |
| State of establishment: |  |
| City (registered office): |  |
| Postal code (registered office): |  |
| Address (registered office): |  |
| Phone n. (registered office):  |  |
| Fax n. (registered office): |  |
| Email (registered office): |  |

|  |
| --- |
| * 1. **Legal representative information**
 |
| Person without Italian unique identification code:  |  | Italian or Other State unique identification code: |  |
| Surname:  |  | Name: |  |
| Gender:  | ☐ Male ☐ Female  | Date of birth |  |
| State of birth: |  |
| City of birth: |  |
| Nationality: |  |
| Staying in Italy:  |  | City in Italy: |  |
| Address in Italy: |  |

# Postings

|  |
| --- |
| **3.1.1 Length of the posting** |
| Date of beginning: |  | Date of end: |  |

|  |
| --- |
| **3.1.2.1 Worker** |
| Person without Italian unique identification code:  |  | Italian or Other State unique identification code: |  |
| Surname:  |  | Name: |  |
| Gender: |  | Date of birth: |  |
| State of birth: |  |
| City of birth: |  |
| Nationality: |  |
| Function: |  |

**Section 4 – Sending information**

Type of declaration:

* Advanced communication
* Postponed advanced communication
* Variation
* Cancellation