# *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