

**“Registro Pubblico delle Opposizioni”
Reset password form**

The undersigned Mr/Mrs/Ms _____,
Born on the ___ / ___ / ___ In _____ (province of _____),
Telephone n° _____ Fax n° _____
Email address _____@_____

(the following section must be filled in only if the Operator is a legal person, likewise unincorporated associations)

as the *pro tempore* Legal Representative, or as the special attorney / attorney general, empowered through notary deed that confers the powers to request the update of the subscription application (to be attached to this form, if not already delivered) on behalf of:

REQUESTS

the assignment of a new password to the following users (indicate first name, last name, email address)

Person in charge for the administration of the application

Technician in charge of communicating the lists to be updated

for the following reasons: _____

Note:

- please fill in the boxes representing the first portion of the password only for the users that are requesting a new password
- the password portion must be at least 6 characters long (one character per box) and must include at least 1 lowercase letter, 1 uppercase letter and 1 number. Additionally, the password portion cannot be a dictionary word
- it is possible to use the following special characters: ! (exclamative mark), \$ (dollar sign), ? (question mark), - (minus sign), _ (underscore), @ (at sign)
- please avoid the use of: capital “I” and “O”, lowercase “L”, numbers “1” and “0” as they could create ambiguity when entering the password
- the remaining password portion will be communicated to the user by phone call to the corresponding telephone number (recorded during the application submission or by following updates of the application)

Date

Signature

The original of this document, written in Italian, is the only official version. Any translations are provided solely for the convenience of the user / operator and have no legal significance