ARCHIVIO
CHIARA
FUMAI

WORK FORM

In order to speed up the examination procedure, please fill in all the fields, including all the information at your disposal.

THE UNDERSIGNED

RESIDENT IN

POSTAL CODE

STREET

E-MAIL

TAX CODE

VAT NUMBER

REQUESTS THE FILING OF THE FOLLOWING WORK:

TITLE

YEAR

TECHNIQUE

SIGNATURE ☐ Yes ☐ No DIMENSION (whitout frame) cm

PICTURE FRAME EDITION

NUMBER OF EDITION (in case of multiple)

ORIGIN (indicate whether purchased, received by donation, inheritance, etc.; year of acquisition; provenance; also include all known information relating to previous changes of ownership, in as much detail as possible)

INSURANCE VALUE

STATUS OF CONSERVATION / RESTORATIONS

EXHIBITIONS

BIBLIOGRAPHY

OTHER/NOTE

CERTIFICATE OF AUTHENTICITY OF THE ARTIST? ☐ Yes ☐ No

PHOTO CREDIT

ARCHIVIO
CHIARA
FUMAI

The applicant authorizes and agrees that the work is published in the general catalogue with the following caption:

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for example 1) Private collection, city 2) Institution name, city 3) Personal name, city

In the absence of the photographer's authorization and release, the applicant authorizes the publication of the work in the catalogue raisonné and undertakes to indemnify and hold harmless the Archive from any financial or other claim by the photographer.

The applicant accepts and agrees that, should direct analysis of the work be requested, the Archive cannot be held liable for any damages caused to the work in any way or by anyone during the period of stay of the work at the premises of the Archive for direct analysis. In this regard, the applicant waives any claim / right against the Archive.

The applicant authorizes the Chiara Fumai Archive to process his personal data of any nature, including sensitive data pursuant to Legislative Decree 30 June 2003, no. 196 and to the inclusion of the same in the databases of the Archive and to publish them in the General Catalogue.

PLACE DATE APPLICANT'S SIGNATURE
