



SUBJECT: APPLICATION FORM TO ARCHIVE WORK

The undersigned

Surname _____ Name _____

Address _____

Phone _____

Mail _____

declares to be the owner of the work described below and requests its insertion in the Archives of the Fondazione Walter Baldessarini:

Title _____

Technique _____

Dimensions in cm (height by width) _____

Frame? YES NO

Is the work dated? YES NO

Is the work signed? YES NO

Date and place

.....

In Faith (Signature)

.....



FONDAZIONE
WALTER BALDESSARINI

Via Dante Alighieri, 76 - 39012 Merano

To be filled in by the Fondazione Walter Baldessarini at the moment of the deposit of the work in the offices of Via Dante Alighieri 76 - 39012 Merano

RECEIPT OF DELIVERY OF THE WORK:

N. ARCHIVE: _____

Work delivered on date _____

Signature

Fondazione Walter Baldessarini

The Owner

Work returned on date _____

Signature

Fondazione Walter Baldessarini

The Owner
