

## P.O.B. 26 Rehovot Israel 76100 ת.ד. 26 רחובות 26 www.weizmann.ac.il

## מכון ויצמן למדע WEIZMANN INSTITUTE OF SCIENCE

Tel. +972-(0)8-934-3862/3863 טלפון Fax +972-(0)8-946-9217 פקס אגף כספים Finance Division

## <u> Declaration – for Israeli Citizens</u>

First Name:	Last Name:
I.D. / Passport No.:	Occupation:
Current Address:	
Place of Work:	
Country of Residence:	Emigration Date:
I hereby confirm:	
I am/was an Israeli Citizen and as of the emigration date stated above, I moved my primary place of residence from Israel to (country of residence).	
1. Primary place of residence	
☐ My permanent place of residence and that of my family is the country of residence.  Other, details	
And / or	
☐ My permanent place of work and that of my family is in the country of residence.  Other, details	
2. Days of stay in Israel	
$\ \square$ My stay in Israel during the present tax year has not exceeded 30 days.	
For those who stayed in Israel at least 30 days during the present tax year:	
My stay in Israel during the present tax year has not exceeded 183 days. In addition, the total period of my stay in Israel during the present and the two preceding tax years does not exceed 425 days.	
Signature:	Date: