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| Update |  | New |  |

*Indicate with “X”*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IDENTIFICATION DATA[[1]](#footnote-1)** *(to be filled in by the interested party)* | | | | | | | | | |
| V.A.T. nr. *(only for companies):* |  | | | | | | | | |
| ID Card or Passport: |  | | | | | | | | |
| Name & surname / Company name: |  | | | | | | | | |
| Address: |  | | | | | Postal code: | | |  |
| City: |  | | | Country: | | | |  | |
| Description of company main activity: |  | | | | | | | | |
| Phone nr: |  | | E-mail: | | | |  | | |
| Hereby, AUTHORIZES “Instituto de Astrofísica de Canarias” to transfer payments to the Bank account detailed below | | | | | | | | | |
| Place and date: | |  | | |  | | | | | |

|  |
| --- |
| Signed: …………………………………..…… |

*(In case of legal entities, please stamp)*

|  |
| --- |
| **BANK DETAILS. EURO ZONE** *(to be filled in by the financial entity)* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BIC / SWIFT: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| ACCOUNT NUMBER: |  |
| ABA ROUTING: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IBAN: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of financial entity: |  | | | Branch: | |  | |
| Address: |  | | | | | | |
| Town: |  | Postal code: |  | | Country: | |  | |

We hereby certify that the above account has been opened in this entity with the following name and VAT:

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Surname / company name: |  |  | SIGNATURE & STAMP  Signed: |
| Personal ID nr. or V.A.T.: |  |  |
|  | |  |

1. Attach photocopy of the VAT Nª or ID/Passport nº . (Not necessary in case of modification of the bank data).

   Protección de datos .\_ De acuerdo con lo establecido en la Ley Orgánica 15/199, de 13 de diciembre , de Protección de Datos de Carácter Personal, se informa que los datos personales que nos facilita, serán incorporados en los ficheros de los que es titular el INSTITUTO DE ASTROFÍSICA DE CANARIAS..

   El interesado queda igualmente informado sobre la posibilidad de ejercitar los derechos de accesos, rectificación, cancelación y oposición respecto de los datos facilitados mediante escrito dirigido al Responsable del Fichero, a la siguiente dirección : INSTITUTO DE ASTROFÍSICA DE CANARIAS. C/Vía Láctea s/n -38205 –La Laguna- Santa Cruz de Tenerife. [↑](#footnote-ref-1)