SUPPLIERS DATABASE

REGISTRATION  MODIFICATION

TREASURY NUMBER

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name or Trademark: | | | |
| Address: | | | |
| City | | | State |
| Post code | Phone | Fax | e-mail |

|  |  |
| --- | --- |
| Passport, ID card or Tax number (NIF) | **In case of REGISTRATION: A copy of the identity document must be included with the application** |

**TO COMPLETE AND STAMP BY THE BANK**

The undersigned declares that the bank account indicated below belongs to the person whose name appears on this application.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **International bank account numberIBAN** | | | | | | | | | | | | | | | | | | | | | | | |
| **Country** | | **Control**  **Nº** | | **Bank** | | | | **Bank Office** | | | | **Check Digit** | | **Account number** | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| SIGNATURE OF THE APPLICANT  Date: | DATE, SIGNATURE AND OFFICIAL STAMP OF THE BANK |

This application must be sent duly completed and signed to the Finance and Budget Office of the University of La Rioja

University of La Rioja, Avda. La Paz, 93-103, 26006 Logroño.