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 APPLICANTDate:       | 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.