**ANEXO II**

***Ayudas económicas para estudiantes universitarios, curso académico 2015-2016***

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| **FICHA DE DATOS BANCARIOS DEL PROVEEDOR / *DATA BANK CARD PROVIDER*** | | | | | | | | | | | | | |
| **Les rogamos cumplimenten el siguiente formulario, cuyos datos se utilizarán para dar de alta o modificación a su empresa como proveedor en nuestro sistema informático. *Please complete the following form, whose data were used to discharge or modification to your company as a supplier on our computer system.*** | | | | | | | | | | | | | |
| **DATOS GENERALES DEL PROVEEDOR / *GENERAL DATA PROVIDER*** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Nombre o Razón Social/*Name or bussines name* | | | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | | |
| CIF o NIF / *VAT* |  | | | | Calle/Plaza y nº/*Address* | | | |  | | | |  | |
|  | | | | | | | | | | | | | |
| Localidad / City | |  | | | | | | | | Provincia/*Province* | |  |  | |
|  | | | | | | | | | | | | | |
| C.Postal/*PostalCode* | | |  | País/*Country* | |  | | | | | Fax |  |  | |
|  | | | | | | | | | | | | | |
| Teléfono/*Phone* | |  | | | | | e-mail |  | | | | |  | |
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| **DATOS DEL REPRESENTANTE (Sólo en caso de que el interesado sea Persona Jurídica)**  ***REPRESENTATIVE DATA (Only if the Provider is a Corporation)*** | | | | | |
|  | | | | | |
| Nombre/*Name* | |  | | |  | |
|  | | | | | |
| NIF/*VAT* |  | | Cargo/*Charge* |  |  | |
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| **DATOS BANCARIOS DEL PROVEEDOR / *SUPPLIER BANK DETAILS*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BANCO/*BANK*/CAJA | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| OFICINA /*BRANCH* | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| IBAN |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **EN EL CASO DE OPERACIONES TRANSFRONTERIZAS /** IN THE CASE OF CROSS-BORDER OPERATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BIC - SWIFT | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  | |
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| A PARTIR DE LA FECHA TODOS LOS PAGOS DE LA DIPUTACIÓN A NUESTRO FAVOR DEBERÁN REALIZARSE A LA CUENTA ANTERIOR DE NUESTRA TITULARIDAD, RESPONSABILIZÁNDOME DE LA VERACIDAD DE LOS DATOS SEÑALADOS. *FROM THE DATE ALL PAYMENTS OF THE DIPUTACIÓN OF VALLADOLID ON OUR BEHALF SHOULD BE MADE TO THE PREVIOUS ACCOUNT OF OUR OWNERSHIP, TAKING RESPONSIBILITY FOR THE VERACITY OF THE INFORMATION REFERRED.* | | | | | | | | |
|  |  |  |  | de |  | de | 201 |  |
| **(FIRMA / *Signature*)** | | | | | | | | |

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| **CONFIRMACIÓN DE DATOS POR EL BANCO O CAJA / *CONFIRMATION OF DATA BY THE BANK***  Se hace constar la conformidad con los datos anteriores. *It is the conformity with previous data.* | | | | | | | | |
|  |  |  |  | de |  | de | 201 |  |
| **(FIRMA y SELLO / *Signature and stamp*)** | | | | | | | | |
| **XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX** | | | | | | | | |
| **AVISO LEGAL:**  Los datos facilitados serán incluidos en un fichero titularidad de la Diputación de Valladolid, cuya finalidad es gestionar la/s petición/es manifestada/s en el presente documento.  Asimismo, le informamos que sus datos no serán cedidos a terceros, salvo que sean comunicados a las entidades públicas a las cuales sea necesario u obligatorio ceder éstos para poder gestionar su solicitud, así como en los supuestos previstos, según Ley.  Conforme a lo dispuesto en la Ley Orgánica 15/1999, de Protección de Datos de Carácter Personal, Vd. puede ejercitar los derechos de acceso, rectificación, cancelación y, en su caso, oposición, enviando o presentando una solicitud por escrito acompañada de una fotocopia de su D.N.I., pasaporte, NIE y otro documento acreditativo equivalente, a: Diputación Provincial de Valladolid (Registro de Entrada), calle Angustias Nº 44, CP 47003 Valladolid. | | | | | | | | |