**MODELO DE DOMICIALIACION BANCARIA**

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| OPERADOR | | | |
| Apellidos y nombre (o Razón Social) | | | N.I.F./C.I.F. |
| Dirección (Nombre de la calle, plaza, avenida...) | | Número, Escalera, Piso, Puerta | Teléfono |
| Código Postal | Localidad | Provincia | |

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| CUENTA BANCARIA-IBAN | |
| Titular de la cuenta (*Debe coincidir con el nombre y dos apellidos o razón social del solicitante*) | |
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| CERTIFICACIÓN BANCARIA | |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | D. | ……………………………………………………………………………………………. | | | ………………………………………………… | | | |  | (Nombre y dos apellidos) | | | (Cargo o empleo) | | | | y D. | ……………………………………………………………………………………………. | | | ………………………………………………… | | | |  | (Nombre y dos apellidos) | | | (Cargo o empleo) | | | | apoderados del Banco | | …………………………………………………………………......... | | | | CERTIFICAN : | | Que existe una cuenta abierta con los datos reseñados en el apartado de “cuenta bancaria-IBAN” precedente y para que conste  a efectos de domiciliación de los pagos que deba hacer el Gobierno de Navarra a | | | | | | | | D. | …………………………………………………………………………………………………………………………………………………….. | | | | | | |  | (Nombre o razón social del solicitante) | | |  | | | | expiden la presente certificación en | | | ……………………………………………………….. | , a | ………………………………………….. | | | (Lugar) | | | | (Fecha) | | |   *(Esta certificación debe llevar la firma o firmas de los apoderados y el sello de la Entidad bancaria)* |

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| D. | …………………………………………………………………………………………………………………….. | | | | | | |  |
|  | (Nombre del solicitante o persona que lo presenta) | | | | | | |  |
|  | |  |  |  |  |  |  | |
| ………………………………………….. | | , a | ………. | de | ……………………….. | de | ……………… | |

(Firma)