**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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| IBAN |

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|      |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

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| CERTIFICACIÓN BANCARIA |
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| 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)