



INSTITUTO DE ASTROFÍSICA DE CANARIAS

IAC AFFILIATION REQUEST

IDENTIFICATION DATA (To be completed by the interested party)

VAT N° (Value Added Tax) (for companies only):

ID CARD or PASSPORT N° (for personal Identification only)

Name and surname / Company name

Address.....Postal Code

CityCountry

Description of company´s main activity

Phone number email

Hereby, AUTHORIZES the *Instituto de Astrofísica de Canarias* to transfer payments to the Bank account of the financial entity detailed below.

Date

Authorizing signature

Signed:

(In case of a legal entity, include the company stamp)

BANK DETAILS (To fill in by the financial entity)

FOR FOREIGN PAYMENTS:

BIC / SWIFT

ACCOUNT NUMBER

ABA/ROUTING

IBAN

Complete Name of the financial entityBranch

Address:

TownPostal CodeCountry

We hereby certify that the above account has been opened in this entity with the following name and VAT:

Name and surname/Company name

Personal Identification Number or VAT Number.....

Signed and stamped

Signatory's name:

Data Protection: As laid down in Organic Law 15/1999, of 13 December, concerning the Protection of Data of a Personal Nature, we hereby inform you that your data will be included in an automated file owned by the INSTITUTO DE ASTROFÍSICA DE CANARIAS.

You may exercise your rights of access, rectification, cancellation and opposition at the headquarters of the INSTITUTO DE ASTROFÍSICA DE CANARIAS, in Calle Via Lactea, s/n, 38205, La Laguna, S/C Tenerife. Telephone 34-922-605200, FAX 34- 922 605210.

- (1) Attach photocopy of the VAT N° or ID/Passport n° . (Not necessary in case of modification of the bank data)
- (2) Foreign payments: Specify complete IBAN Code (International Number of the account) and the BIC/ SWIFT Code (Identification of the Bank)