

**IMPRESO DE RECOGIDA DE DATOS PARA EL ABONO DE LA NÓMINA**

**1.- DATOS DEL PERCEPTOR**

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| --- | --- | --- | --- |
| N.I.F. | PRIMER APELLIDO | SEGUNDO APELLIDO | NOMBRE |
|  |  |  |  |

|  |  |
| --- | --- |
| FECHA DE NACIMIENTO |  |

**2.- DATOS DEL DOMICILIO PARTICULAR**

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| --- | --- | --- | --- | --- |
| TIPO VÍA | DENOMINACIÓN | | Nº, PISO, LETRA, PTA, ETC. | |
|  |  | |  | |
| LOCALIDAD | | PROVINCIA | | COD. POSTAL |
|  | |  | |  |

|  |  |  |
| --- | --- | --- |
| TELÉFONOS: |  |  |

**3.- DATOS DE LA ENTIDAD BANCARIA**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IBAN | | | |  | ENTIDAD | | | |  | SUCURSAL | | | |  | D.C. | |  | NUMERO DE CUENTA | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**5.- OTROS DATOS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SEGURIDAD SOCIAL: NUM. DE AFILIACION |  |  |  |  |  |  |  |  |  |  |  |  |

**6.- FECHA Y FIRMA**

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| FECHA | FIRMA |
| Ávila, a **\_\_\_\_** de **\_\_\_\_\_\_\_\_\_\_\_\_\_** de 201\_\_ |  |