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| **C:\Users\usuario6\Documents\FAMACASMAN\Logotipo de FAMACASMAN.jpg**   |  |  |  | | --- | --- | --- | |  | **BOLETIN DE INSCRIPCIÓN:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(cumplimentar SOLO los espacios en blanco)** | | | | | | | | | | | | | | | | | | | | | | | | **Nº Asociado:** | | | | | |  | | |
| **NOMBRE Y APELLIDOS O RAZÓN SOCIAL: D.N.I./C.I.F.:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REPRESENTANTE LEGAL: N.I.F. CARGO EN LA EMPRESA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DOMICILIO DE LA EMPRESA NÚMERO PISO PUERTA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **LOCALIDAD: CÓDIGO POSTAL PROVINCIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TELÉFONO/S FIJO/S TELÉFONO/S MÓVIL/ES FAX E-MAIL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MARQUE “X” EN EL TRAMO DE MÁQUINAS EN QUE SE ENCUENTRA SU EMPRESA Y SI TIENE O NO ESTABL. DE JUEGO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DE 0 A 25 MÁQUINAS** | |  | | | **DE 26 A 100 MÁQUINAS** | | | | | | | |  | | **MÁS DE**  **100 MÁQUINAS** | | | | | | | |  | | **ESTABLEC. JUEGO**  **(INDIQUE SI o NO)** | | | | | |  | |
| **MARQUE CON UNA “X” LAS ASOCIACIONES INTEGRADAS EN FAMACASMAN EN LAS QUE DESEA ESTAR ASOCIADO**  **(No tiene ninguna repercusión en las cuotas a pagar el pertenecer a una o más asociaciones provinciales )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ALBACETE** |  | | **CIUDAD REAL** | | | |  | | **CUENCA** | | | | | | |  | | **GUADALAJARA** | | | | | | | |  | | **TOLEDO** | | | |  |
| **INDIQUE COMO DESEA RECIBIR LAS CIRCULARES INFORMATIVAS DE LA FEDERACIÓN Y OTRAS COMUNICACIONES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POR CORREO  **ORDINARIO** | |  | | EN EL DOMICILIO  ANTES INDICADO | | | |  | | EN EL SIGUIENTE DOMICILIO: | | | | | | |  | | | | | | | | | | | | | | | |
| POR CORREO  **ELECTRÓNICO** | |  | | EN EL E-MAIL  ANTES INDICADO | | | |  | | EN EL/LOS SIGUIENTE/S  E-MAIL: | | | | | | |  | | | | | | | | | | | | | | | |
| **LUGAR / FECHA** | | | | | | | | | | | | | | | | | | | | **FIRMA:** | | | | | | | | | | | | |
| En          a de de | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | |

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| C:\Users\usuario6\Documents\FAMACASMAN\Logotipo de FAMACASMAN.jpg  **Orden de domiciliación de adeudo directo sepa:**  SEPA Direct Debit Mandate   |  |  |  | | --- | --- | --- | | Referencia de la orden de domiciliación:  A cumplimentar por el acreedor  To be completed by the creditor  *Mandate reference* | |  | | Identificación del acreedor:  *Creditor Identifier* |  | | | Nombre del acreedor / *Creditor´s name:* | | | |  | | | | Dirección / *Address:* | | | |  | | | | Código Postal - Población - Provincia / *Postal Code - City - Town:* | | | |  | | | | País / *Country:* | | | |  | | |   Mediante la firma de esta orden de domiciliación, el deudor autoriza (A) al acreedor a enviar instrucciones a la entidad del deudor para adeudar en su cuenta y (B) a la entidad para efectuar los adeudos en su cuenta siguiendo las instrucciones del acreedor. Como parte de sus derechos, el deudor está legitimado al reembolso por su entidad en los términos y condiciones del contrato suscrito en la misma. La solicitud de reembolso deberá efectuarse dentro de las ocho semanas que siguen a la fecha del adeudo en cuenta. Puede obtener información adicional sobre sus derechos en su entidad financiera.  *By signing this mandate form, you au thorise (A) the Creditor to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Creditor. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within eigth weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.*  *\*\*\*\*\**     |  |  |  | | --- | --- | --- | | Nombre del deudor / *Debtor´s name:*  *(Titular de la cuenta de cargo)* | | | |  | | | | Dirección del deudor/ *Address:* | | | | A cumplimentar por el deudor  To be completed by the debtor | | | | Código Postal - Población - Provincia / *Postal Code - City - Town:* | | | |  | | | | País del deudor/ *Country:* | | | |  | | | | Swift BIC/ *Country:* | | | |  | | | | Número de Cuenta - IBAN/ *Account number - IBAN:* | | | | (En España el IBAN consta de 24 posiciones comenzando siempre por ES)  (Spanish IBAN of 24 positions always starting ES) | | | | Tipo de pago:  *Country:* | ▣ Pago recurrente: o  *Recurrent payment or* | □ Pago único:  *One-off payment* | | Fecha - Localidad / *Date - location in which you are signing:* | | | |  | | | | Firma del deudor/ *Signature of the debtor:* | | | |  | | |     TODOS LOS CAMPOS HAN DE SER CUMPLIMENTADOS OBLIGATORIAMENTE  UNA VEZ FIRMADA ESTA ORDEN DE DOMICILIACIÓN DEBE SER ENVIADA AL ACREEDOR PARA SU CUSTODIA  *ALL GAPS ARE MANDATORY ONCE THIS MANDATE HAS BEEN SIGNED MUST BE SENT TO CREDITOR FOR STORAGE.* |

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