|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Date*** | Day | Month | Year | ***Company ID : Personal ID:*** | | | | | | |
| ***Bussiness Name/Trade Name*** |  | | | | | | | | | |
| Address ***(Fill all the relevant information)*** | *Street* | | | | | | *Town* | | *City* | |
| *State/Province* | | | *Country* | | | *ZIP Code* | | *P.O. Box* | |
| ***Contact Information***  ***(Fill all the relevant information)*** | *Contact Person Nº 1* | | | | | | *Title* | | *e-mail address* | |
| *Contact Person Nº 2* | | | | | | *Title* | | *e-mail address* | |
| *Telephone Nº 1 Telephone Nº 2* | | | | | *Mobile Nº 1 Mobile Nº 2* | | | *Fax Nº 1 Fax Nº 2* | |
| ***Payment Data***  ***(Fill all the relevant information)*** | *Bank* | | | *SWITF* | | | *ABBA* | *Account Number* | | |
| *Type of Account*  Checking Savings | | | | | | | *Bank Address (specify Country)* | | |
| *COMPANY´S LEGAL REPRESENTATIVE SIGNATURE* | | | | | | | | | |
| ***Name:*** | | | | |  | | | | |
| ***Title:*** | | | | |  | | | | |
| ***E-mail:*** | | | | |  | | | | |
| ***Telephone:*** | | | | |  | | | | |

HABEAS DATA: Hereby I declare that by signing this form, acting within my behalf and / or as the legal representative of the company, I authorize to University of Nariño, expressly, voluntarily and irrevocably, that all the information provided here and any additional information generate in the future as a result of trade and / or contractual relationship with University of Nariño, that is registered in its database of suppliers, can be used, managed, captured, processed, verified and consulted in accordance with the current regulations.