## 

## **Formulaire de création d’un missionnaire**

Traveler form

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| --- |
| Demandeur : *(for administrative purpose, do not fill this section)*  Nom : Gourvès Nicolas  Laboratoire : LIRMM  Code division : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Renseignements personnels / Personal Data | | | | | | | | | |
| Qualité M. Mme. / Mr or Mrs | | **Mr** | | | | | | | |
| Nom / Surname | | **Brandwein** | | | | | | | |
| Prénom / First name | | **Eric** | | | | | | | |
| Date de naissance / Date of Birth | | **01-04-1997** | | | | | | | |
| Nationalité / Nationality | | **Argentina** | | | | | | | |
| Number of Phone | | **+5491161204615** | | | | | | | |
| N°INSEE (N° de sécurité Sociale) (only for French people) | |  | | | | | | | |
| Type du missionnaire / Position | | Extérieur/External Chercheur /Researcher Teacher/Professor  Stagiaire/Intern Etudiants/Student Doctorant/PhD Student | | | | | | | |
| N° de la voie / Number | | **1799** | Type de voie(rue, avenue…)/  Type of way (street, rd, ave…) | | | | | **street** | |
| Nom de la voie / Street name | | **Virrey Loreto** | | | | | | | |
| Boite postale (for french people only) | |  | | | N° Cedex (France only) |  | | | |
| Ville / City | | **Ciudad Autónoma de Bs. As.** | | | | Code postal/Zip Code | | | **1426** |
| Pays / Country | | **Argentina** | | | | | | | |
| Contact (Name and phone) in case of Emergency | | **Carla Maranca, +5491134010276** | | | | | | | |
| Renseignements administratifs / Administrative data | | | | | | | | | |
| Nom de votre établissement / Name of University | Universidad de Buenos Aires | | | | | | | | |
| N° de la voie / Number | **2160** | | | Type de voie(rue, avenue…)/  Type of way (street, rd, ave…) | | | **street** | | |
| Nom de la voie / Street name | **Intendente Güiraldes 2160** | | | | | | | | |
| Boite postale (for french people only) |  | | | | | | | | |
| Ville / City | **Ciudad Autónoma de Buenos Aires** | | | | | | | | |
| Pays / Country | **Argentina** | | | | | | | | |
| N° de téléphone / Profesional phone | +54 911 5285-7438 | | | | | | | | |
| Adresse mail / e-mail | Secretaria@dc.uba.ar | | | | | | | | |
| Coordonnées bancaires / Bank data | | | | | | | | | |
| Nom de l’établissement /Name of the bank | | **Banco de Galicia y Buenos Aires SAU** | | | | | | | |
| Agence / City or agency id | | **Ciudad Autónoma de Buenos Aires** | | | | | | | |
| Compte / Account number | | 4143659-7 999-7 | | | | | | | |
| SWIFT | | **GABAARBA** | | | | | | | |
| IBAN | |  | | | | | | | |

**Please attach an official SWIFT/IBAN form from your bank,**

**including your surname and first name.**