## ANEXO 1. DATOS BANCARIOS DE LA ENTIDAD BENEFICIARIA DEL PLAN DE COOPERACIÓN LOCAL 2022.

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| **NOMBRE ENTIDAD LOCAL:** |  |
| **CIF :** |  |

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| **ENTIDAD BANCARIA:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DOMICILIO DE LA SUCURSAL:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CÓDIGO IBAN** | | | | **CÓDIGO ENTIDAD** | | | | **CÓDIGO OFICINA** | | | | **D.C** | | | **NÚMERO DE CUENTA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| * Se adjunta certificado de la entidad bancaria | | | | | | | | | | | | | | | | | | | |  |  | | |  | | | | |  | |  | |  | | |  | |  | |  | |  | | |  | |  |  | |  | |  | |  | |  | | |  | |  | |  | | | |  | | |  | | | |
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| **El Representante legal de la entidad,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | | |  | |  | |  | | | |  | | |  | | |  | |