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| **Inscripción en el Clúster de producción y servicios audiovisuales**  **de la Comunitat Valenciana** | | | | | | | | | | | | | | | | | |  | |
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| **Datos del solicitante** | | | | | | | | | | | | | | | | | |  | |
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| Nombre y apellidos del solicitante | | | |  | | | | | | | | | | | | | | | |
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| Cargo |  | | | | | | | | | | DNI/ NIE | | |  | | | | | |
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| **Datos de la empresa** | | | | | | |  | | | |  | | | | | | |  | |
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| Denominación social | |  | | | | | | | | | CIF | |  | | | | | | |
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| Tipo de organización | |  | | | | | | | | | | | | | | | | | |
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| Dirección | |  | | | | | | | | | | | | | | | | | |
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| Código Postal (C.P.) | |  | Localidad | | | | |  | | | Provincia | | | |  | | | | |
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| **Solicita** | | | | | | |  | | | |  | | | | | | |  | |
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| La inscripción en el registro de empresas del Clúster de producción y servicios audiovisuales de la *Comunitat Valenciana*. | | | | | | | | | | | | | | | | | | | |
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| **Datos para la domiciliación**  El titular de los datos de domiciliación autoriza al Clúster de Producción *y* Servicios Audiovisuales de la Comunitat Valenciana a (1) enviar la cuota de inscripción consignada a la Entidad Financiera. (2) A la Entidad Financiera a efectuar los adeudos en su cuenta siguiendo las instrucciones del Clúster de Producción y Servicios Audiovisuales de la Comunitat Valenciana. | | | | | | | | | | | | | | | | | |  | |
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Cuenta bancaria IBAN

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| Apellidos y nombre o razón social del titular de la cuenta de adeudo | | | | | | | | | | | | | |
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| Domicilio del titular de la cuenta de adeudo | | | | | | | | | | | | | |
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| Firma del representante legal de la empresa | Firma del titular de la cuenta |