NIE APPLICATION FORM



| PASSPORT NO. | | | | |
|------------------|-----|-----|---|---|
| FIRST SURNAME | | | | |
| SECOND SURNAME | | | | |
| NAME | | | | |
| DATE OF BIRTH | / / | | | |
| PLACE OF BIRTH | | | | |
| COUNTRY OF BIRTH | | | | |
| NATIONALITY | | | | |
| MARITAL STATUS | S | M W | s | D |
| FATHER'S NAME | | | | |
| MOTHER'S NAME | | | | |
| | | | | |

1. RESIDENCE ADDRESS

| Country | |
|-----------|-------------|
| Address | |
| N° FI | Door Portal |
| Town | PC Prov |
| Télephone | Email |
| | |



2. DOMICILE IN SPAIN: (if you have)

| Address | |
|---------------|-------------------------------------|
| N° | Fl Door Portal |
| Town | PC Prov |
| Tax residen | nt in Spain YES NON |
| If yes: Start | date of Fiscal Residence / / |
| DDRESS FO | R AEAT NOTIFICATIONS |
| Mark (X) | Address 1 Address 2 |
| If it's anoth | ner, indicate: |
| Address | |
| N° | FI Door Portal |
| Town | PC Prov |
| Country | |
| Request TA | X registration YES NON |
| Reasons for | r NIE mark X: Economic Labor Social |
| AIXABANK | MANAGER CONTACT DETAILS |
| Name | |
| Telephone | Email |
| Office | |
| Date and sig | gnature of the client |

DATA PROTECTION CLAUSE: In compliance with the Spanish Organic Law and the European Data Protection Regulation, we inform you that the person responsible for the treatment and conservation of personal data that is transferred for the sole purpose of managing contractual or pre-contractual relationships with suppliers or customers of this company, is DURÁ GREGORI ABOGADOS Y ASOCIADOS, SCP, with professional address at Calle Filarmónica n°1-1°A, 03590-Altea (Alicante). Your data will be kept, and will not be transferred, except legal obligation. You have recognized rights of access, rectification, deletion, limitation and portability of your personal data, with the legal and regulatory limitations established, which you can exercise through a request addressed to the above address, and the right to make claims before the AGPD: www.agpd.es.



PERSONAL INFORMATION

| NIE / PASSPORT NO. | |
|--------------------|-------------|
| LAST NAME | |
| SECOND LAST NAME | |
| NAME | |
| DATE OF BIRTH | / / |
| PLACE OF BIRTH | |
| GENDER | M |
| COUNTRY OF BIRTH | |
| NATIONALITY | |
| MARITAL STATUS | S M W S D |
| FATHER'S NAME | |
| MOTHER'S NAME | |
| ADDRESS IN SPAIN | |
| Address | |
| N° FI | Door Portal |
| Town | PC Prov |
| Télephone | Email |



| Indicate type of request (Mark with an X): |
|--|
| Initial request |
| Card renewal |
| Modification of labor, personal or legal situation |
| Duplicated for theft, loss, destruction or uselessness |
| |
| Indicate the reason for the situation in Spain (Mark with an X): |
| Stay for studies, research-training, exchange, internship or volunteer |
| Temporary residence and self-employment |
| Temporary residence and work for transnational services |
| Temporary residence with the exception of work authorization |
| Temporary residence for exceptional circumstances |
| Temporary residence and work due to exceptional circumstances |
| Long-term residence |
| EU long-term residence |
| Cross-border work authorization |
| Family member of a long-term stay authorization holder |
| Temporary non-profit residence |
| Temporary residence due to family reunification |
| Temporary residence and work for others |
| Temporary residence and work for research |
| Temporary residence and work of highly qualified professionals with Blue-EU Card |
| Temporary residence and fixed-term work |
| |
| Date and signature of the client |
| |
| |
| |

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