**ESSENTIAL REQUIREMENTS FOR REGISTRATION WITH**

 **“ASNEF” AS ADHERED MEMBER**

1 Letter to the Chairman of "ASNEF" requesting registration, placing on record knowledge of the Bylaws and commitment to abide by them and cooperate to achieve the purposes of the Association.

2 Completion of required documentation:

 2.1 Adhered member data form.

 2.2 SEPA direct debit mandate.

3 Copy of public deed of incorporation.

4 After registration is authorized, the entrance fee, currently 1,500 euros, and a monthly fee of 229,29 euros must be paid.

\* NOTE: Registration with the Association does not imply alone considered participation in the ASNEF financial delinquency files.

ADHERED MEMBER DATA FORM

**General Data**

Individual or Corporate Name:

Taxpayer No.:

Address:

City or Town/Province:

Postal Code: / Country:

Telephone: / Fax:

E-mail:

Date of incorporation: /Share capital:

**Contact person for ASNEF notices and notifications**

Name and surnames:

E-mail:

Telephone:

**Billing contact person**

Name and surnames:

E-mail:

Telephone:

**PRINCIPAL SHAREHOLDERS**

|  |  |
| --- | --- |
| INDIVIDUAL OR CORPORATE NAME | Shareholding % |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**BOARD OF DIRECTORS**

|  |
| --- |
| Chairman: |
| Deputy Chairman/Chairmen: |
| Managing Director: |
| Directors: |
|  |
|  |
| Secretary Director: |
| General Manager: |
| Administrative Manager: |
| Attorneys in Fact: |
|  |
| (add any others considered appropriate) |

**ACTIVITY**

|  |  |  |
| --- | --- | --- |
| **Description** | **%** | **\*** |
| Loans and credit facilities  |  |  |
| Operating lease  |  |  |
| Guarantees and Sureties |  |  |
| Insurance |  |  |
| Debt recovery /Portfolio purchase |  |  |
| Publishing |  |  |
| Energy |  |  |
| Telecommunications |  |  |
| Financial brokerage |  |  |
| Microloans |  |  |
| Education |  |  |
| Security |  |  |
| Distribution |  |  |
| House rentals  |  |  |
| Stock credit |  |  |
| Others (add as many as considered appropriate) |  |  |
|  |  |  |
|  |  |  |

(\*) If you are unaware of the percentage of each activity, mark with an X the activities that you perform.

**SEPA direct debit mandate**

|  |  |
| --- | --- |
| Referencia de la orden de domiciliación (Mandate reference) |  |
| Identificador del acreedor(Creditor Identifier) | G28516003 |
| Nombre del acreedor(Creditor´s name) | ASOCIACION NACIONAL DE ESTABLECIMIENTOS FINANCIEROS DE CREDITO (ASNEF) |
| Dirección(Address) | Velázquez, 64-66 2ª planta |
| Código postal – Población – Provincia(Postal Code - City – Town) | 28001 Madrid |
| País(Country) | España |

Mediante la firma de esta orden de domiciliación, el deudor autoriza (A) al acreedor a enviar instrucciones a la entidad del deudor para adeudar su cuenta y (B) a la entidad para efectuar los adeudos en su cuenta siguiendo las instrucciones del acreedor. Como parte de sus derechos, el deudor está legitimado al reembolso por su entidad en los términos y condiciones del contrato suscrito con la misma. La solicitud de reembolso deberá efectuarse dentro de las ocho semanas que siguen a la fecha de adeudo en cuenta. Puede obtener información adicional sobre sus derechos en su entidad financiera.

By signing this mandate form, you authorise (A) the Creditor to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from the Creditor. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within eight weeks starting from the

date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

|  |  |
| --- | --- |
| **Nombre del deudor****Debtor’s name** **(titular/es de la cuenta de cargo)** |  |
| **Dirección del deudor****Address of the debtor** |  |
| **Código postal - Población – Provincia****Postal Code - City - Town** |  |
| **País del deudor****Country of the debtor** |  |
| **Swift BIC** (puede contener 8 u 11 posiciones) **Swift BIC (up to 8 or 11 characters)** |  |
| **Número de cuenta – IBAN****Account number - IBAN** |  |

**X**

**Tipo de pago: Pago recurrente Pago único**

**Type of payment**

**Recurrent payment One-off payment**

**Fecha – Localidad**

**Date - location in which you are signing**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Firma del deudor**

**Signature of the debtor**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TODOS LOS CAMPOS HAN DE SER CUMPLIMENTADOS OBLIGATORIAMENTE.

UNA VEZ FIRMADA ESTA ORDEN DE DOMICILIACIÓN DEBE SER ENVIADA AL ACREEDOR PARA SU CUSTODIA.

ALL GAPS ARE MANDATORY. ONCE THIS MANDATE HAS BEEN SIGNED MUST BE SENT TO CREDITOR FOR STORAGE.