**ANEXO I**



***Servicios Sociales***

|  |
| --- |
| **SOLICITUD BAJA AYUDAS TÉCNICAS** |

**DATOS DEL SOLICITANTE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Primer Apellido** | **Segundo Apellido** | | **Nombre** | | **DNI/Pasaporte** | |
|  |  | |  | |  | |
| **Domicilio (Calle/Plaza) Nº** | | **Localidad** | | **Provincia** | | **Tfno.** |
|  | |  | |  | |  |

**DATOS REPRESENTANTE LEGAL/GUARDADOR DE HECHO**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Primer Apellido** | **Segundo Apellido** | | **Nombre** | **DNI/Pasaporte** | |
|  |  | |  |  | |
| **Domicilio (Calle/Plaza) Nº** | | **Localidad** | | **Provincia** |  |
|  | |  | |  |  |

***PRESTACIÓN:***

* CAMA ARTICULADA
* SILLA RUEDAS
* GRUA
* ANDADOR
* MULETAS
* COLCHÓN ANTIESCARAS

**DOMICILIACION BANCARIA**

CÓDIGO CUENTA CLIENTE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IBAN | ENTIDAD | | | | SUCURSAL | | | | D.C. | | NÚMERO DE CUENTA | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Nombre de la Entidad Bancaria | | | | | | | | Domicilio | | | | | | | | | | | |

En \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a \_\_\_\_\_\_\_\_\_\_\_de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20 \_\_\_\_\_

Fdo.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SR./A PRESIDENTE/A COMARCA COMUNIDAD DE CALATAYUD.