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| **REQUEST FOR CHANGE OF CONTACT DETAILS** |

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| **Complaint:** |

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| **1. Applicant data (person or representative)** | | |
| 1.Identification Document Type (\*) | 2. Identification Number | 3. Name / Business Name |
|  |  |  |
| 4. First Surname | | 5. Second Surname |
|  | |  |
| (\*) Types of Identification allowed: DNI/NIF, NIE, Passport, UTR/VAT, Other | | |

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| **2. Data** |
| 6. The applicant declares |
| I request the change of the following data in relation to the complaint |

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| **3. Change of selected means for communications with AESA** |
| 7. New selected means (Select one) |
| Electronic Media:  Postal Mail: |

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| **4. Change of contact details** |
| 8. E-mail |
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| 9. Mobile phone |
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| 10.Postal Mail Adress |
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| **5. Others data** |
| 11. Others |
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| **6. Date and Signature** | |
| The applicant declares that all the information contained in this application and in the attached documents are true,  Place and date:  Signature: |  |