

[Partner Registration](#)
[Natural Person](#)

In Regents of **ZENCER, S. Coop. And.**:

Mr./Mrs.:				, with N.I.E.:
Phone (landline):		- (cell):		, E-mail:
Address:				
Address (supplement):				, P.C.:
Town:			Province:	
Autonomous Community:				

EXHIBITS

Understanding that I collect the qualifications required by the bylaws for membership of ZENCER, S. Coop. And.

REQUESTS

Login as a regular member of the Consumers and Users Cooperative ZENCER, S. Coop. And., Undertaking to meet the statute and submitting to the resolutions of the General Assembly and the Governing Council. It also undertakes to enter the capital contribution of € 100.20, minimum amount of membership fee.

Debit in the bank account indicated below:

Bank Details: C.C.C.

I declare that I act on behalf of myself and I am the account holder.

Note: Please, send by email to administracion@zencer.es copy of identity document (DNI, NIE or passport).

For the record, and the appropriate purposes,

Signed:

The Applicant

In

to

In compliance with the provisions of Law 15/1999 of 13 December on the Protection of Personal Data, we inform that your personal data obtained by filling out this form / document and so attached, will be incorporated, for processing in a computer file. In accordance with the provisions of the Act, may exercise rights of access, rectification, cancellation and opposition by writing to the Governing Council of Zencer, S. Coop. And.