# **SOLICITUD DE TRÁMITE DE CAMBIO DE DOMICILIO EN EL** **REGISTRO DE FIRMAS DE FABRICANTES Y REPRESENTANTES (RFFR) /** REQUEST FOR A CHANGE OF ADDRESS IN THE REGISTRY OF MANUFACTURERS AND AUTHORISED SIGNATURES (RFFR)

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| 1. DATOS DE IDENTIFICACIÓN DEL SOLICITANTE 1 / **IDENTIFICATION DATA OF THE APPLICANT** *[[1]](#footnote-1)* | | |
| NOMBRE / **GIVEN NAME** |  | |
| APELLIDOS / **SURNAME** |  | |
| NÚMERO DE DOCUMENTO NACIONAL DE IDENTIDAD (DNI) O PASAPORTE / **ID OR PASSPORT NUMBER** | |  |
| CORREO / **E-MAIL** |  | |

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| 2. DATOS DE IDENTIFICACIÓN DEL FABRICANTE / **IDENTIFICATION DATA OF THE MANUFACTURER** | | | |
| RAZÓN SOCIAL / **BUSINESS NAME** |  | | |
| C.I.F. / **TAX NUMBER** |  | | |
| DOMICILIO SOCIAL / **REGISTERED OFFICE** |  | | |
| PROVINCIA / **PROVINCE** |  | MUNICIPIO / **MUNICIPALITY** |  |
| CÓDIGO POSTAL / **POSTCODE** |  | PAÍS / **COUNTRY** |  |
| TELÉFONO / **TELEPHONE NUMBER** |  | | |
| CORREO / **E-MAIL** |  | | |

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| 3. DATOS DE IDENTIFICACIÓN DEL REPRESENTANTE, SI EL FABRICANTE NO ASUME SU PROPIA REPRESENTACIÓN / **IDENTIFICATION DATA OF THE REPRESENTATIVE, IF THE MANUFACTURER DOES NOT ACT ON HIS OWN BEHALF** | | | |
| RAZÓN SOCIAL - PERSONA FÍSICA / **BUSINESS NAME - NATURAL PERSON** |  | | |
| C.I.F. / **TAX NUMBER** |  | | |
| DOMICILIO SOCIAL / **REGISTERED OFFICE** |  | | |
| PROVINCIA / **PROVINCE** |  | MUNICIPIO / **MUNICIPALITY** |  |
| CÓDIGO POSTAL / **POSTCODE** |  | PAÍS / **COUNTRY** |  |
| TELÉFONO / **TELEPHONE NUMBER** |  | | |
| CORREO / **E-MAIL** |  | | |

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| 4. CAMBIO DOMICILIO DEL FABRICANTE / **CHANGE OF ADDRESS OF THE MANUFACTURER** | | | |
| DIRECCIÓN ANTERIOR / **PREVIOUS ADDRESS** | | | |
| DOMICILIO SOCIAL / **REGISTERED OFFICE** |  | | |
| PROVINCIA / **PROVINCE** |  | MUNICIPIO / **MUNICIPALITY** |  |
| CÓDIGO POSTAL / **POSTCODE** |  | PAÍS / **COUNTRY** |  |
| TELÉFONO / **TELEPHONE NUMBER** |  | | |
| CORREO / **E-MAIL** |  | | |

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| DIRECCIÓN ACTUAL / **CURRENT ADDRESS** | | | |
| DOMICILIO SOCIAL / **REGISTERED OFFICE** |  | | |
| PROVINCIA / **PROVINCE** |  | MUNICIPIO / **MUNICIPALITY** |  |
| CÓDIGO POSTAL / **POSTCODE** |  | PAÍS / **COUNTRY** |  |
| TELÉFONO / **TELEPHONE NUMBER** |  | | |
| CORREO / **E-MAIL** |  | | |

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| 5. CAMBIO DOMICILIO DEL REPRESENTANTE / **CHANGE OF ADDRESS OF THE REPRESENTATIVE** | | | |
| DIRECCIÓN ANTERIOR / **PREVIOUS ADDRESS** | | | |
| DOMICILIO SOCIAL / **REGISTERED OFFICE** |  | | |
| PROVINCIA / **PROVINCE** |  | MUNICIPIO / **MUNICIPALITY** |  |
| CÓDIGO POSTAL / **POSTCODE** |  | PAÍS / **COUNTRY** |  |
| TELÉFONO / **TELEPHONE NUMBER** |  | | |
| CORREO / **E-MAIL** |  | | |

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| DIRECCIÓN ACTUAL / **CURRRENT ADDRESS** | | | |
| DOMICILIO SOCIAL / **REGISTERED OFFICE** |  | | |
| PROVINCIA / **PROVINCE** |  | MUNICIPIO / **MUNICIPALITY** |  |
| CÓDIGO POSTAL / **POSTCODE** |  | PAÍS / **COUNTRY** |  |
| TELÉFONO / **TELEPHONE NUMBER** |  | | |
| CORREO / **E-MAIL** |  | | |

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| DOCUMENTACIÓN APORTADA / **DOCUMENTATION PROVIDED** | |
|  | DOCUMENTACIÓN RELATIVA AL FABRICANTE / **DOCUMENTATION RELATIVE TO THE MANUFACTURER** |
|  | DOCUMENTACIÓN RELATIVA AL REPRESENTANTE / **DOCUMENTATION RELATIVE TO THE REPRESENTATIVE** |
|  | COMPROMISO de ACTUALIZACION de HOMOLOGACIONES en VIGOR / **COMMITMENT TO UPDATE CURRENT APPROVALS** |

El abajo firmante, en su propio nombre o entidad que se indica, declara que todos los datos consignados son veraces y se compromete a comunicar cualquier modificación sobre dichos datos. / **THE UNDERSIGNED, ON HIS/HER OWN BEHALF OR THE ENTITY SPECIFIED, DECLARES THAT ALL THE DATA RECORDED ARE TRUE AND UNDERTAKES TO NOTIFY ANY CHANGE IN THEM.**

Lugar / **PLACE**:

Fecha / **DATE**:

Firma del Solicitante / **APPLICANT SIGNATURE**:

1. Se entenderá por solicitante aquella persona física perteneciente al fabricante y con poderes de representación sobre el mismo. / *Applicant means the natural person belonging to the manufacturer and acting on their behalf.*

   Deberá aportarse documentación justificativa de esta condición. / *Documentation supporting this condition must be provided.* [↑](#footnote-ref-1)