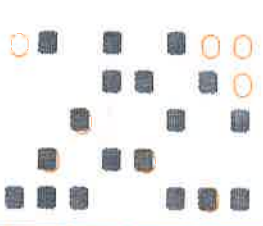


No firme este ejercicio ni consigne ningún otro dato



Apellidos _____

Nombre _____

Fecha 4 / 11 / 2022

Firma 3 PLAZAS TAG

(Por favor, al firmar no sobrepase la zona sombreada)

Tipos de acceso

- Libre Promoción Interna Discapacitado

Ejemplo D.N.I.

2	5	8	9	0	3	1
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

D.N.I.

0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Consentimiento expresamente en la corrección de esta prueba, por medios manuales o mecánicos, y en la incorporación de sus resultados a un fichero automatizado, con los requisitos establecidos en la Ley Orgánica 15/99 de protección de datos. Y me doy por enterado de mi derecho a acceder a la información contenida en el mismo, rectificarla o cancelarla en lo que me afecte.

MUY IMPORTANTE: LEA LAS INSTRUCCIONES DEL DORSO ANTES DE CUMPLIMENTAR EL DOCUMENTO

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