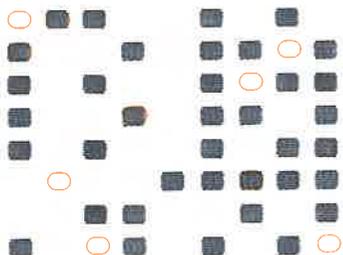




PLANTILLA



Apellidos **OEP-E-2017**

Nombre \_\_\_\_\_ Fecha \_\_\_\_\_

Firma **AUX. ADMVO. E. U. E**

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

Tipos de acceso

Libre  Promoción interna  Discapacitado

D.N.I.

Ejemplo D.N.I.

**2 5 8 9 0 3 1**

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3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
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7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

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7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

Consiento 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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PREGUNTAS RESERVA

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