**ANEXO II Código Guía de Servicios 4023**

**Otorgamiento de Representación para la**

**Presentación de la solicitud de ayudas derivadas del conflicto de Ucrania**

**Solicitante**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | Apellidos, nombre |  | **NIF** | |  |  |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Tipo vía |  | Vía |  | Número |  | Kilómetro |  | Bloque |  | Portal |  | Escalera |  | Planta |  | Puerta | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Provincia |  | Municipio |  | Localidad |  | Código postal | |  |  |  |  |  |  |  | | |

**Otorga su representación a**

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| Nombre apellidos y entidad o ayuntamiento al que pertenece |  | **NIF** |
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**Autorización**

La presente autorización se limita a la PRESENTACIÓN ANTE EL IMAS de la Solicitud DE AYUDAS DERIVADAS DEL CONFLICTO DE UCRANIA. Con la firma del presente escrito el representante acepta la representación conferida y responde de la autenticidad de la firma del/de los otorgante/s.

**Normativa de referencia:**

* Ley 39/2015, de 1 de octubre, del Procedimiento Administrativo Común de las Administraciones Públicas.

En Murcia, a ..................de…………………………………………….de 2023

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| **El otorgante:**  Fdo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **El representante:**  Fdo:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**IMAS. Instituto Murciano de Acción Social**

Sr. Director Gerente del IMAS - C/ Alonso Espejo, 7. 30007-Murcia.