*- Partie réservée à l’AC - DO NOT FILE THIS PART*

Matricule attribué :

Date de création :

*All entries must be correctly and necessarily* *completed*.

ACCOUNTANCY DEPARTMENT **AGENT/ STUDENT CREATION**

Service Facturier - Bât 407 **or MODIFICATION on :**

creaagents.ac@universite-paris-saclay.fr Name 🞏 Address 🞏 Bank details 🞏 Other 🞏

**DEMAND**

Service / laboratory : Date of demand :

Name of requester : REASON : gratification 🞏 mission 🞏 other 🞏

**CIVIL STATUS**

Mrs.□ M □

SURNAME: First Name:

Home Address:

Postal code: P.O. BOX:

Town:

Country:

Email:

Date of birth:

Name and address of your Institute:

**CATEGORY OF AGENT**

Teacher 🞏 Administrative 🞏 Student 🞏 External 🞏 Other 🞏

**BANK DETAILS**

**PLEASE SEND THE PAPER OF YOUR BANK DETAILS with the following information :**

* Name and address of the bank
* Name of the account holder
* Account number
* IBAN (for European Union) or ABA / Routing number (for USA / wire transfer)
* SWIFT or BIC