**Anexo B**

**FICHA DE ENTIDADE**

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| Número de Contribuinte (1)  |   |   |   |   |   |   |   |   |   |

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| Nome (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Morada (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Código Postal (1) |   |   |   |  - |   |   |   |   | Localidade (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Rep. Finanças (1) |   |   |   |   |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Telefone |  |  |  |  |  |  |  |  |  |  | Fax |  |  |  |  |  |  |  |  |  |  | Telemóvel |  |  |  |  |  |  |  |  |  |

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| E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contacto \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Identificação Bancária**

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| **Banco (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agência (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **NIB (1)**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **IBAN (2)**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SWIFT (3)**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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**Situação Jurídica e Fiscal**

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|  |  |  | REGIME DE IVA: |  |  |
| Serviço Integrado ………………………………………………….. |  |  |  | - Sujeito à taxa de \_\_\_\_\_\_ % ………………………………………… |  |  |
| Serviço ou Fundo Autónomo……………………………..... |  |  |  | - Regime de isenção – art. 53º …………………………………….. |  |  |
| Empresa Pública ……………………………………….….……….. |  |  |  | - Isento – art. \_\_\_\_\_\_\_\_º …………………………………………….. |  |  |
| Entidade Pública Empresarial ………………………….…… |  |  |  |  |  |  |
|  |  |  | RETENÇÃO NA FONTE DE IRS |  |  |
| Empresa Privada …………………………………………………… |  |  |  | - À taxa de \_\_\_\_\_% - art. 101º, nº1. do CIRS ……………. |  |  |
| Individual ……………………………………………………………….. |  |  |  | - Sem retenção – art. 9º, nº1 do D.L. nº 42/91, de 2/1 |  |  |
| Outra (indique qual): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | - Sobre 50% – art. 10º, nº1 do D.L. nº 42/91, de 22/1 |  |  |
|  |  |  | - Sobre 25% – art. 10º, nº3 do D.L. nº 42/91, de 22/1  |  |  |

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| (1) – Campo de preenchimento obrigatório;(2) – Obrigatório para transferência para a UE(3) – Para transferências europeias e internacionais.No caso de transferências internacionais enviar,em anexo, o número de conta bancária. | Assinatura do responsávele carimbo da Entidade |
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| Nota: carimbo obrigatório para as pessoas coletivas |
| DATA \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |