*FICHA DE FORNECEDOR*

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| |  | | --- | | **1** |   ***Identificação***   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **Número de Contribuinte: *NOTA*:** Se o nº de contribuinte se iniciar por 1 ou 2, preencher igualmente o quadro 3.  **Nome:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Morada:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Código Postal: Local:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | - |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   **Código da Repartição das Finanças: Local:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **Telefone / Telemóvel:** |

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| |  | | --- | | ***2*** |   ***Número internacional de conta bancária (IBAN)***  **IBAN**  **BIC SWIFT**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |

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| |  | | --- | | ***3*** |   ***Profissional liberal / Trabalhador independente***   |  | | --- | |  |   **1). Regime IVA** *(indicar apenas um)* **2) IRS –** retenção na fonte *(indicar apenas um)*   |  | | --- | |  |   Sujeito à taxa de \_\_\_\_\_\_\_\_\_% À taxa de \_\_\_\_\_\_\_%   |  | | --- | |  |  |  | | --- | |  |   Isento – art.º \_\_\_\_\_\_\_\_\_\_\_\_ Sem retenção   |  | | --- | |  |  |  | | --- | |  |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sobre \_\_\_\_\_\_\_% |

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| |  | | --- | | ***4*** |   ***Contacto Preferencial***  **Nome :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telefone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Data: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ O Responsável

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Assinatura)

- Devem ser preenchidos todos os campos (aplicáveis) assinalados a cinzento;

- A ficha pode ser digitalizada em formato “pdf” e enviada ao colaborador que a solicitou.