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|  |  | **INFORMAÇÃO DA CONTA BANCÁRIA** |
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| Nome |  | Nº IST–ID |  |

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| E-mail |  |

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| Serviço |  | C. Custo |  | Ext. |  |

Declaro que pretendo passar a receber os meus vencimentos por transferência bancária, segundo a entidade bancária abaixo discriminada:

|  |  |
| --- | --- |
| Banco |  |

|  |  |
| --- | --- |
| Agência |  |

NIB – Número de Identificação Bancária

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SWIFT / BIC

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Observações:

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| Data |  |  |  |  | Assinatura |  |

**ID DP 2** | V4.1 | 2024.06.18