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|  |  | **INFORMAÇÃO DA CONTA BANCÁRIA** |
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| Nome |  | Técnico ID | ist |

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| --- | --- | --- | --- |
| E-mail |  | Carreira/Categoria |  |

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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:

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| Banco |  |

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| Agência |  |

IBAN – Número Internacional de Conta Bancária

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SWIFT / BIC

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Pretendo que este IBAN seja comunicado à ADSE para efeitos de reembolso de despesas de saúde: sim  não

Observações:

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**DP2** | V3.1 | 2024.01.31

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| Data |  |  |  |  | Assinatura |  |