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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:

|  |  |
| --- | --- |
| 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 |  |