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| **Name or company of the holder \*** |
| Click to fill in the field |
| **NIF/NIPC (tax ID number) \*** |
| 999999999 |
| **Activity Title / Activity Code**  Click to fill in the field |

This application allows you to request endorsements and/or changes to the ongoing activity(ies).

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| Change of business name | Fill in block A |
| Change of tax domicile | Fill in block B |
| Change of address or business area | Fill in block C |
| Endorsement of the title of activity without establishment – Remote Communication Media – so as to include website(s) where marketing takes place | Fill in block D |
| Cancellation of Internet activity or website(s) (not subject to tax collection) | Fill in block E |
| Change of contact details (not subject to tax collection) | Fill in block F |

For more information and support on how to fill out the Endorsement Request, please refer to the FAQ on the Assay Office website at:

www.contrastaria.pt

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| 1. BUSINESS DENOMINATION |

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| A.1. DATA TO BE CHANGED | |
| New Business Denomination |  |
| Click to fill in the field | |

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| A.2. DOCUMENTS TO BE PROVIDED |
| ☐ Permanent certificate code:Click to fill in the field or permanent certificate |
| 1. TAX DOMICILE |

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| B.1. DATA TO BE CHANGED | | | | |
| Address | | | | |
| Click to fill in the field | | | | |
| Postal Code | | Town/City and Parish (Freguesia) | | |
| 9999 — 999 | | Click to fill in the field | | |
| Municipality (Concelho) | | District | | |
| Click to fill in the field | | Click to fill in the field | | |
| B.2. DOCUMENTS TO BE PROVIDED | | | | |
| ☐ Permanent certificate code:Click to fill in the field or permanent certificate | | | | |
| 1. ADDRESS OF THE ESTABLISHMENT | | | | |
|  | | | | |
| C.1. DATA TO BE CHANGED  In this block it is possible to change the address and/or physical area of the establishment. You should only fill in the fields to be changed. | | | | |
| Address | | | | Physical area of the establishment (m²) |
| Click to fill in the field | | | | 9999 |
| Postal Code | | | Town/City and Parish (Freguesia) | |
| 9999 — 999 | | | Click to fill in the field | |
| Municipality (Concelho)  Click to fill in the field | | | District  Click to fill in the field | |
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| C.2.DOCUMENTS TO BE PROVIDED | | | | |
| Document certifying the ownership or legitimate occupation of the premises where the activity is planned, where applicable | | | | |

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| 1. WEBSITES |

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| D.1. WEBSITES TO BE ADDED  In this block you may add several websites to the Title of the Activity without establishment – Remote Communication Media.  Each new website where marketing takes place corresponds to an endorsement.  If the website(s) is/are used for advertising purposes, no endorsement is required. |
| Website(s): |
| Click to fill in the field  Click to fill in the field  Click to fill in the field  Click to fill in the field |
| Click to fill in the field |
| D.2. DOCUMENTS TO BE PROVIDED |
| Proof of purchase of the domain(s) for the website, where applicable |

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| 1. CANCELLATIONS |

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| E.1. CANCELLATION OF ACTIVITY |
| Activity No. 1000000000 |
| If you are the holder of a responsibility mark, you may request the continuation of the responsibility mark for a maximum period of 5 years. |
| I intend to keep Responsibility Mark No. 9999 |
|  |
| E.1.1. DOCUMENTS TO BE PROVIDED FOR CANCELLATION OF ACTIVITY AND MARK CONTINUATION |
| Proof of non-debt to the State for continuation of the responsibility mark, where applicable  Proof of cancellation of activity for tax purposes |
| E.2. CANCELLATION OF WEBSITE(S)  For the purpose of data update, you should inform the Assay Office whenever you cease to market on a particular website. |
| Website(s) to be cancelled:  Click to fill in the field  Click to fill in the field  Click to fill in the field  Click to fill in the field  Click to fill in the field |

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| 1. CONTACT DETAILS |

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| F.1.DATA TO BE CHANGED | |
| Contact Name | | |
| Click to fill in the field | | |
| Mobile phone # | Telephone # | |
| 00351 999999999 | 00351 999999999 | |
| Email address | | |
| Click to fill in the field | | |

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| --- | --- |
| Date | Signature of the legal representative |
| dd / mm / yyyy |

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