|  |  |
| --- | --- |
| Name/Company | Nationality/Residence status |
| Identification Doc No.:[[1]](#footnote-1) |
| NIF/NIPC (Taxpayer number): |

|  |
| --- |
| Address of the registered office or tax domicile[[2]](#footnote-2) |
| Postal code: |  |

|  |  |  |
| --- | --- | --- |
| Telephone | Fax | Email |

I request the deposit of the responsibility mark registered in (country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, pursuant to Article 12 of the Legal Framework of Jewellers and Assay Offices approved by Law No 98/2015 of 18 August 2015, as amended by Decree-Law No 120/2017 of 15 September 2017.

|  |
| --- |
| For that purpose, I provide the following:🞎Full identification of the applicant holder or a copy of the company’s incorporation document[[3]](#footnote-3)🞎Legally certified document confirming the registration of the responsibility mark in the country of origin, on behalf of the applicant holder (**Portuguese certified translation**)🞎Two small metal plates with the responsibility marks  |

**All shaded fields must be completed**

|  |  |
| --- | --- |
| Date | Signature of the legal representative |

1. Private individuals. [↑](#footnote-ref-1)
2. Address of the registered office or tax domicile depending on whether it is a legal person or an individual entrepreneur. [↑](#footnote-ref-2)
3. Depending on whether it is a natural or legal person.

Personal data collected through this form will be processed in accordance with the conditions and purposes documented in the Privacy Policy. For more information see <https://www.incm.pt/portal/politica_privacidade.jsp> [↑](#footnote-ref-3)