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| Name or firm of the holder \* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NIF/NIPC (Taxpayer #) \* |

\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

**Activity Title**

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| 🞎 Artist 🞎 Assayer-smelter 🞎 Jewellery Storekeeper |
| 🞎 Jewellery Industrial 🞎 Jewellery Retailer |

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| Registered office or tax domicile  Mandatory filling block | | |
| Address \* | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Postal Code \* | | Town/City \* |
| \_\_\_ \_\_\_ \_\_\_ \_\_\_ – \_\_\_ \_\_\_ \_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Municipality \* | | District \* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone |  | Mobile phone \* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email \* | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

This application allows you to request changes to the Responsibility Mark Register:

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| --- | --- |
| Approval of the Responsibility Mark | Fill in block A |
| Renewal (right of use) of the Responsibility Mark | Fill in block B |
| Reactivation of the Responsibility Mark | Fill in block C |
| Use of the same Responsibility Mark for more than one activity | Fill in block D |
| Transfer of the Responsibility Mark | Fill in block E |
| Cancellation of the Responsibility Mark | Fill in block F |

For more information and support see the Assay Office website at:

www.contrastaria.pt

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| 1. APPROVAL OF THE RESPONSIBILITY MARK   The procedure for responsibility mark approval begins with a request for approval of the applicant’s private design |

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| A.1.DESIGN  In accordance with Article 25 of the RJOC, must contain a private design and a letter of its name or firm, the drawing and the letter visibly distinct and enclosed in a peripheral outline. The drawing cannot be extracted from the animal kingdom or susceptible to confusion with others existing. |

🞎 Design purchased at the Online Store |By request number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Vectorised design of the mark (to be submitted, if not purchased at the Online Store).

Intended size of the mark (**subject to approval**), applicable to all drawings\*:

🞎 0.85X0.85 mm | 🞎 1.00.X1.00 mm | 🞎 1.20X1.20mm

\* The punch does not need to be square shaped, as long as the longest part does not exceed 1.20 mm. If the design has a round perimeter  
If the design has a round perimeter, the diameter must not exceed 1.20 mm.  
For technical reasons, we advise that the punch does not exceed 1,00 mm in size, with exceptions, such as parts  
larger pieces.

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| A.2.DOCUMENTS TO BE PROVIDED |
| 🞎 Permanent certificate code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or permanent certificate  🞎 Criminal Record Certificate (in the case of a legal person, criminal records of all managers, directors or senior officers must be provided)  🞎 Criminal Record Certificate of the Assayer-Smelter Technical Manager (compulsory for the activity of Assayer-Smelter)  🞎 No. of the Professional Title of the Assayer-Smelter Technical Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (compulsory for the activity of Assayer-Smelter) |
| 1. RENEWAL OF THE RESPONSIBILITY MARK   If you own a responsibility mark and 10 years have elapsed since its approval, you must renew the mark | |

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| B.1.DECLARATION |

🞎 I do hereby declare on oath that all requirements and conditions which, under Article 28 of the Legal Framework for Jewellers and Assayers, approved by Law No 98/2015 of 18 August, as amended by DL No 120/2017 of 15 September, have allowed the approval of the above referenced responsibility mark still remain valid.

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| B.1.DOCUMENTS TO BE PROVIDED |

🞎 Permanent certificate code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or permanent certificate

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| C. REACTIVATION OF THE RESPONSIBILITY MARK  Owners of a responsibility mark having voluntarily ceased their activity and wishing to resume it within a maximum period of 5 years |

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| C.1.DECLARATION |

🞎 I do hereby declare that I intend to resume the activity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that I voluntarily ceased at the Assay Office on \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ and wish to reactivate the responsibility mark.

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| C.1.DOCUMENTS TO BE PROVIDED |

🞎 Permanent certificate code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or permanent certificate

🞎 No. of the Responsibility Mark:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| D. USE OF THE SAME RESPONSIBILITY MARK FOR MORE THAN ONE ACTIVITY  If you wish to use the same responsibility mark for two or more different activities |

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| D.1.DECLARATION |

🞎 I request permission to the Assay Office Director to keep a single responsibility mark, with number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for carrying out the following activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| D.2.DOCUMENTS TO BE PROVIDED |

🞎 Activity Title No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if you wish to use the same mark in an existing activity)

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| E. TRANSFER OF A RESPONSIBILITY MARK  Within 60 days of the death or legal dissolution of the owner of a responsibility mark, any of the heirs having been duly authorised and with the consent of other heirs may request the transfer of the mark to his/her favour or its temporary possession |

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| E.1.DECLARATION |

🞎 I request the transfer to my favour of the right to use the Responsibility Mark number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the right to transfer the mark is indivisible and may be exercised by all or some of the heirs, when regularly associated)

🞎 I request the temporary possession of responsibility mark no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a period of \_\_\_\_\_ days

🞎 I request the Assay Office permission to extend the deadline for temporary ownership of the Responsibility Mark number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| E.2.DOCUMENTS TO BE PROVIDED |

🞎 Qualification of Heirs (when requesting the transfer)

🞎 Code of the permanent certificate of the dissolved company containing the winding up record (for any of the situations)

🞎 Document certifying the share of the estate (when requesting temporary possession)

🞎 Document certifying the winding up (when requesting temporary possession)

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| F. CANCELLATION OF THE RESPONSIBILITY MARK  If you wish to cancel the responsibility mark |

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| F.1.DECLARATION |

🞎 Cancellation of the approved responsibility mark number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Date  \_\_\_ / \_\_\_ / \_\_\_\_\_\_ | Signature of the legal representative  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_