**APOSENTADO ( ) PENSIONISTA ( ) ASSOCIADO Nº \_\_\_\_\_\_\_**

**PBS-A ( ) PBS ( ) PBS Telesp Celular ( ) PBS Telefônica ( )**

**TELEBRAS Prev ( ) TCP Prev ( ) VISÃO Telefônica ( ) VISÃO T-Gestiona ( )**

**ATUALIZAÇÃO CADASTRAL**

Nome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Matrícula Sistel nº \_\_\_\_\_\_\_\_\_\_\_

Endereço \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nº \_\_\_\_\_\_

Complemento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bairro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cidade-Estado \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telefone fixo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Celular \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WhatsApp ( ) SIM ( ) NÂO

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data do nascimento \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estado civil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nome do cônjuge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manifesto minha concordância no repasse destes dados a terceiros, para o fim específico de divulgar-me benefícios. ( ) SIM ( ) NÃO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_ de 202\_

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

Assinatura do associado