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| **CRF/RN** | **REQUERIMENTO DE REGISTRO - PESSOA JURÍDICA** |

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| CATEGORIA V – FIRMA INSCRIÇÃO PESSOA JURÍDICA \_\_\_\_\_\_\_\_\_\_ILMº. SR. PRESIDENTE DO CONSELHO REGIONAL DE FARMÁCIA DO ESTADO DO RIO GRANDE NORTE – CRF/RN |  |

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| **Razão Social:** |  |

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| **Nome de Fantasia:** |  |

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| **Sócio Proprietário:** |  |

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| **Profissão do(a) Proprietário(a):** |  |

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| **End. do Estabelecimento:** |  | **Número:** |  |

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| **Complemento:** |  | **Bairro:** |  |

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| **Cidade:** |  | **Cep:** |  |

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| **Fone:** |  | **Celular:** |  | **E-mail:** |  |

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| **HORARIO DE FUNCIONAMENTO DO ESTABELECIMENTO** |

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|  | **1º INTERVALO** | **2º INTERVALO** |

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| **Segunda a Sexta** | : | **ÀS** | : | : | **ÀS** | : |

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| **Sábado** | : | **ÀS** | : | : | **ÀS** | : |

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| **Domingo** | : | **ÀS** | : | : | **ÀS** | : |

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| **CNPJ:** |  | **Inscrição Estadual:** |  |

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| **CPF:** |  | **Céd. de Identidade:** |  | **Órgão Expeditor:** |  |

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| **NATUREZA DE ATIVIDADE DO ESTABELECIMENTO** |

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|  | **Drogaria** |  | **Farmácia Hosp. Privada** |  | **Laboratório de Análises Clínicas** |

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|  | **Dist. De Medicamentos** |  | **Farmácia de Manipulação** |  | **Laboratório de Análises Clínicas Público** |

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|  | **Outras Distribuidora** |  | **Farmácia Privada** |  | **Lab. de Análises Clínicas Posto de Coleta** |

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|   | **Home Care** |  | **Farmácia Pública** |  | **Transportadora** |

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|  | **Farmácia Hospitalar** |  | **Posto de Medicamentos** |  | **Outros** |

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| **Capital Registrado R$:** |  |

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| **Diretor Técnico:** |  | **CRF/RN nº:** |  |

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| **Assistente Técnico:** |  | **CRF/RN nº:** |  |

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| **Assistente Técnico:** |  | **CRF/RN nº:** |  |

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|   Vem requerer registro pessoa jurídica, nos termos da Lei 3.820 de 11 de novembro de 1960.Nestes TermosP. DeferimentoNatal-RN, \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- Assinatura - |