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| NOME/RAZÃO SOCIAL | CPF/CNPJ |
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| **PARECER DO CADASTRO** | |
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| Local e Data: **,     /    /**  Assinatura do Analista: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nome: | |