Logo CIP2015

**TO BE SENT BACK IN WORD FORMAT (NOT IN PDF)**

**DO NOT WRITE IN CAPITAL LETTERS**

**PLEASE MAKE SURE THE INFORMATION IS CORRECT. Corrections to the certificate, due to incorrect information provided in this document, will take at least 30 days from the date the applicant informs us of the correction required and may incur administrative costs. A separate form must be filled out for each certificate applicant.**

**CONTACTS:**

**Portuguese Nationality Department: portuguesenationality@comunidade-israelita-porto.org**

**Administrative Department: comisraelitaporto.adm.commitee@gmail.com**

**Reporting & Finance Department: comisraelitaporto.rep.commitee@gmail.com, finance.comisraelitaporto@gmail.com**

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| --- | --- |
| **What is your FULL NAME?** |  |
| **Your DATE OF BIRTH in the DAY/MONTH/YEAR format:** |  |
| **What is your COUNTRY OF BIRTH?** |  |
| **What is your MOTHER'S FULL NAME?** |  |
| **What is your FATHER'S FULL NAME?** |  |
| **What is your COUNTRY OF NATIONALITY? (It can be more than one)** |  |
| **Whats is the full ADDRESS of your RESIDENCE?** |  |
| **To which E-MAIL(S) should we send the certificate to?** |  |
| **Fiscal details (VAT nº and Country of fiscal residence):** | **israel** |