



ANNEX III

REQUEST FOR TAX CREDIT REFUND SUBJECT TO MAP

Taxpayer: _____

Taxpayer Identification Number: _____ CNPJ CPF

Address: _____

City: _____ State: _____ ZIP Code: _____

E-mail: _____ Phone number: _____

Legal Representative/Attorney: _____

Legal Representative/Attorney's CPF: _____

REQUEST

The taxpayer identified above, under the terms of the pertinent legislation, requests the refunding of the following taxes, which are the subject of a request for a mutual agreement procedure with the Secretariat of the Federal Revenue of Brazil (RFB).

Periods to which the application refers to and the Brazilian taxes involved:

Tax Period	Maturity	Value	Tax	Collection Code

Place and date

Signature Taxpayer/Legal Representative/Attorney-in-fact

Contact Phone
number: _____

Protocol