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| After filling the spaces and approval by the company's responsible person, please, send the email to the address [mlpinto@isq.pt](mailto:mlpinto@isq.pt) and [fmleal@isq.pt](mailto:fmleal@isq.pt) . | | | | | | | | |
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| **Company Data** | | | | | | | | |
| NAME: | Click here to enter text. | | | | | | | |
| BRANCH / DEPENDENCY (If Applicable): | | | | Click here to enter text. | | | | |
| FISCAL NUMBER: | | Click here to enter text. | | | | | | |
| ADRESS: | Click here to enter text. | | | | | | | |
| TELEFONE NUMBER: | | Click here to enter text. | | | | | | |
| GERAL EMAIL: | | Click here to enter text. | | | | | | |
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| **User(s) Data** | | | | | | | | |
| **User 1** |  |  |  |  |  |  |  |  |
| NAME: | Click here to enter text. | | | | | | | |
| POST: | Click here to enter text. | | | | | | | |
| DEPARTMENT: | | Click here to enter text. | | | | | | |
| TELEFONE: |  | Click here to enter text. | | | | | | |
| EMAIL: | Click here to enter text. | | | | | | | |
| PROFILE: | *USER* |  | *VIEWER* |  |  |  | | |
| **User 2** |  |  |  |  |  |  |  |  |
| NAME: | Click here to enter text. | | | | | | | |
| POST: | Click here to enter text. | | | | | | | |
| DEPARTMENT: | | Click here to enter text. | | | | | | |
| TELEFONE: | | Click here to enter text. | | | | | | |
| EMAIL: | Click here to enter text. | | | | | | | |
| PROFILE: | *USER* |  | *VIEWER* |  |  |  | | |
| **User 3** |  |  |  |  |  |  |  |  |
| NAME: | Click here to enter text. | | | | | | | |
| POST: | Click here to enter text. | | | | | | | |
| DEPARTMENT: | | Click here to enter text. | | | | | | |
| TELEFONE: | | Click here to enter text. | | | | | | |
| EMAIL: | Click here to enter text. | | | | | | | |
| PROFILE: | *USER* |  | *VIEWER* |  |  |  | | |
| **User 4** |  |  |  |  |  |  |  |  |
| NAME: | Click here to enter text. | | | | | | | |
| POST: | Click here to enter text. | | | | | | | |
| DEPARTMENT: | | Click here to enter text. | | | | | | |
| TELEFONE: | | Click here to enter text. | | | | | | |
| EMAIL: | Click here to enter text. | | | | | | | |
| PROFILE: | *USER* |  | *VIEWER* |  |  |  | | |

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| **Responsible Person Data (Manager or Administrator)** | | | | | | | | |
| NAME: | Click here to enter text. | | | | | | | |
| TELEFONE: | Click here to enter text. | | | | | | | |
| EMAIL: | Click here to enter text. | | | | | | | |
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| **TERMS AND CONDITIONS OF USE** | | | | | | | | |
| The present conditions are integrated in the context of adhesion to the **Client Portal,** service provided by Bluestabil | | | | | | | | |
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| **CONDITIONS** | | | | | | | | |
| It's necessary to fill the form and send it to Bluestabil using the email address [mlpinto@isq.pt](mailto:mlpinto@isq.pt) and [fmleal@isq.pt](mailto:fmleal@isq.pt) .  - The acceptance of the access request is made with the activation of the service, an email is send to the User with the personal access information.  - It's company's responsibility (Responsible Person) to activate the block of an User in case it intends to cancel his access to the Portal. For this purpose the company should manifest this intent by email, to [mlpinto@isq.pt](mailto:mlpinto@isq.pt) and [fmleal@isq.pt](mailto:fmleal@isq.pt) .  - It's company's responsibility to ensure that the Portal is used judiciously and with the necessary care to avoid misuse.  - The access password is personal and intransmissible  - The service is for the company's own use, the access cannot be provided to third parties that are not defined in the Accesses Authorization Form. |  |  |  |  |  |  |  |  |
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| **RESTRICTION TO THE CLIENT PORTAL** | | | | | | | | |
| Bluestabil can limit, suspend or cease the access to the service due to non-compliance, by the company, of its contractual obligations or for violation of access and use conditions, and also for regular limitations.  Bluestabil is not responsible for any interruptions to the service access due to technical problems. | | | | | | | | |
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| **Acceptance of terms and conditions by the Responsible Person (Manager or Administrator**) | | | | | | | | |
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| I declare that I have read and accepted the TERMS AND CONDITIONS OF USE of Bluestabil's service and that the information introduced above is true and updated.  I authorize Bluestabil to give access to the user(s) designated on this form.  I pledge to inform Bluestabil of any change in these conditions, mainly, changes concerning the nomination of members that can access the **Client Portal**. | | | | | | | | |
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Signature:

(Responsible Person) Date: / /