**EDITAL DE SELEÇÃO PÚBLICA N.º 01/2024 “SOM DA CONCHA – EDIÇÃO 2024”**

**ANEXO I - FICHA DE INSCRIÇÃO**

Segue abaixo dados para inscrição deste artista (solo ou instrumentista), banda, grupo ou coletivo, no **EDITAL** **DE SELEÇÃO PÚBLICA DE ATRAÇÕES MUSICAIS PARA A PARTICIPAÇÃO NO PROJETO SOM DA CONCHA - EDIÇÃO 2024.**

CATEGORIA: ( ) ABERTURA ( ) ENCERRAMENTO

NOME DO ARTISTA, GRUPO OU COLETIVO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOME DO SHOW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIDADE DE ORIGEM ARTISTA, GRUPO OU COLETIVO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/MS

NOME DO REPRESENTANTE RESPONSÁVEL POR ASSINAR CONTRATOS PERANTE A FUNDAÇÃO DE CULTURA DE MS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENDEREÇO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIDADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UF:\_\_\_\_\_\_\_\_\_\_CEP:\_\_\_\_\_\_\_   
CELULAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

O RESPONSÁVEL PELO GRUPO É:

( ) Pessoa Física ( ) Pessoa Jurídica

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assinatura do Responsável (representante)**

**ANEXO II - FORMULÁRIO DE PRODUÇÃO:**

Obs. É de extrema importância que esse formulário seja preenchido com o máximo de informações possíveis.

|  |  |
| --- | --- |
| **NOME DA PROPOSTA/SHOW** |  |
| **Artista/ Grupo ou Coletivo Artístico** |  |
| **Artista solo ou Instrumentista ou o Responsável pelo Grupo ou Coletivo Artístico** |  |
| **Produtor/a** |  |
| **Representante Legal** |  |
| **Celular** |  |
| **E-mail** |  |
| **Endereço/CEP** |  |
| **Categoria que concorre** | ( ) Show de Abertura (40 min) ( ) Show de Encerramento (60 min) |
| **Citar todo o repertório que fará parte do show com crédito da autoria** |  |
| **INFORMAÇÕES TÉCNICAS** | |
| **Citar nome do (s) fotógrafo (s) autores das fotos anexadas** |  |
| **Ficha Técnica** (nome e função de todos os envolvidos no show) |  |
| **Sinopse do show (Breve descrição do show)** |  |
| **Release sucinto do artista ou grupo** – O release sucinto será utilizado para divulgação e composição do programa do evento. O mesmo deverá ter um parágrafo com um máximo de 05 linhas. |  |
| **Release completo do artista ou grupo** - a ser distribuído para a imprensa e o qual será analisado pela comissão de seleção. |  |
| Indicar uma ou mais pessoas para darem as entrevistas. Colocar os endereços eletrônicos. Serão considerados os telefones informados ao lado. |  |

**ANEXO III – PROCURAÇÃO (Somente para Bandas/Grupos/Coletivos)**

Nós abaixo nominados, todos maiores de idade, nomeamos e constituímos como nosso bastante procurador o Sr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , maior, nacionalidade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, portador do RG n.º \_\_\_\_\_\_\_\_\_\_\_\_\_ e CPF n.º \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residente à Rua/Travessa/Avenida: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, n.º\_\_\_\_\_\_\_\_, Bairro: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, complemento (caso exista): \_\_\_\_\_\_\_\_\_\_\_\_\_\_, também integrante do Grupo Musical, Banda ou Coletivo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a fim de assinar contratos, receber cachê e dar quitação perante a Fundação de Cultura de Mato Grosso do Sul, no Projeto Som da Concha – Edição 2024.

Colocar abaixo o nome de todos os Integrantes do Grupo/Banda/Coletivo ou artistas solo ou instrumentista e os dados solicitados, assinar conforme documento de identidade:

1)Assinatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endereço: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANEXO IV – DECLARAÇÃO DE EMPRESÁRIO EXCLUSIVO**

Eu (ou nós), xxxxxxxxx, portador do RG n.º xxx SSP/XXX e CPF n.º xxxx, residente à Rua xxxxx, n.º xxx, Bairro xxxx, Cidade de xxxxx, Estado xxxx, em artes: xxxxxxxx, **DECLARO (ou DECLARAMOS)** a quem interessar possa, que a Empresa xxxxxxxx, inscrita no CNPJ n.º xxxxx, com sede à Rua xxxxx, n.º xxx, Bairro xxxx, Cidade de xxxxx, Estado xxxx, representada por xxxxxxx, RG n.º xxx SSP/XXX e CPF n.º xxxx, é meu **empresário exclusivo** em todo território nacional, podendo firmar contratos artísticos com cláusulas de quitação e valor do show, vender os shows e/ou apresentações em datas e horários que entender mais conveniente à divulgação do meu trabalho.

Cidade xxxxxxxx/Estado xxxx, xxx de xxxxx de 2.0xx.

**NOME DO ARTISTA OU DOS ARTISTAS,**

**Assinar e reconhecer firma de todos.**

**ANEXO V – DECLARAÇÃO DE RESIDÊNCIA CONFORME LEI ESTADUAL N.º 4.082/2011**

**(FAZER A DECLARAÇÃO MANUSCRITA = Todo o texto abaixo deve ser redigido à mão)**

Eu, xxxxxxxxxxxx, portador do RG n.º xxxxx e CPF n.º xxxxxx, DECLARO que resido na Rua xxxxxx, n.º xxxxx, Bairro xxxxxx, cidade de XXXXXXX de Mato Grosso do Sul.

Estou ciente que a falsidade desta informação me sujeitará às penas da legislação.

Por ser expressão da verdade firmo a presente.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOME E ASSINATURA DO DECLARANTE

**ANEXO VIII - DECLARAÇÃO NÃO CONTRIBUINTE PREVIDÊNCIA SOCIAL**

Eu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nome), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (profissão), portador(a) da R.G. n.º \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e do CPF n.º\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residente e domiciliado(a) na rua/avenida \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nº \_\_\_\_\_, município de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, estado \_\_\_\_, CEP n.º \_\_\_\_\_\_\_\_-\_\_\_\_, telefone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, D E C L A R O sob as penas da lei, que de conformidade com a legislação previdenciária, não contribui para a previdência social (INSS) no mês de \_\_\_\_\_\_\_\_\_\_/2022 como também não possuo vínculo empregatício que venha a recolher em meu nome qualquer contribuição ao INSS, sendo dispensado da apresentação de qualquer comprovantes de recolhimento junto ao INSS (Regime Geral de Previdência Social )

Campo Grande/MS, \_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nome e assinatura do declarante

**ANEXO IX – FICHA DE CADASTRO PARA PESSOA FÍSICA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Identificação Pessoa Física** | |  |  | | --- | --- | | **Nome Extenso:** |  | | **Nome Social:** |  | | **Nome Profis./Art.:** |  |  |  |  | | --- | --- | | Filiação: | | | **Mãe** |  | | Pai |  |   **x** |
| **Dados Pessoais** | Data de Nascimento: (dd/mm/aaaa): \_\_/\_\_/\_\_\_\_ Sexo: Masculino (\_\_) Feminino (\_\_)  Naturalidade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UF: \_\_\_\_\_\_\_\_ Nacionalidade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Endereço/Contato** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | CEP |  |  |  |  |  | --- |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Endereço: (Av/Rua/Trv) |  | | | | | | |  | | Nº |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Complemento: (apto/casa) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | | Bairro: |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Cidade: |  | Estado |  |  |   **Telefone Residencial:** ( ) \_\_\_\_\_\_-\_\_\_\_\_\_ **Celular:** ( ) \_\_\_\_\_\_-\_\_\_\_\_\_ **Telefone Comercial:** ( ) \_\_\_\_\_\_-\_\_\_\_\_\_  **E-mail Pessoal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail Corporativo:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Documentos Pessoais** | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | C.P.F. |  |  |  |  |  |  |  |  |  | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | PIS/PASEP/NIT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | SUS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Título de Eleitor | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | | Zona |  |  |  |  | Seção: | |  |  |  |  |  | Data de Emissão: **\_\_/\_\_/\_\_\_\_** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | R.G. |  |  |  |  |  |  |  |  |  | |  | | UF |  |  | | Órgão Emissor: | | |  |  |  |  |  |  | |  | | Data de Emissão: | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | CTPS Nº: |  |  |  |  |  |  | Série: |  |  |  |  |  |  | UF |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Certificado de Reservista: | |  |  |  |  |  |  | |  |  |  |  |  |  |  | | Série: |  |  |  |  |  |  |  | Região: | | | |  |  |  |  |  |  |  |  |   **Certidão Nasc. Modelo Atual:** (\_\_) **Certidão Nasc. Modelo Antigo:** (\_\_)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Certidão de Nasc./Cas.: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   x |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dados Bancários** | |  |  | | --- | --- | | Tipo de Pagamento: | DEPÓSITO EM CONTA CORRENTE |   **Nome Banco:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | N~~º~~ Banco: |  |  | Agência: |  |  |  |  | -- |  |  | Conta: |  |  |  |  |  |  |  |  | |