**FICHE D'INFORMATIONS - COLLECTIVITE**

**Nom de la collectivité :** ...................................................................................................

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**Adresse et coordonnées**

**Adresse de la collectivité :** ...................................................................................................

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**Contact :** ..........................................................................................................................

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**Numéro de Téléphone :**

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**Numéro de Télécopie :**

**Heures et jours d'ouverture** (*à préciser*) **:**

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**Adresse courriel** (*du service de la collectivité gérant les salaires*) :

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**Numéros identifiants de la collectivité**

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**Numéro SIRET :**

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**Numéro URSSAF :**

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**Code APE** (*Activité Principale exercée*) :

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**Numéro contrat IRCANTEC :**

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**Numéro contrat CNRACL :**

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**Numéro contrat RAFP :**

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**Numéro contrat FNC**

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**Numéro affiliation Pôle emploi :**

**Date affiliation Pôle emploi :**

**Code plateforme Net entreprise :**

 **Nom :**

 **Prénom :**

 **Mot de passe :**

**Code plateforme PEP’S :**

 **Identifiant :**

 **Mot de passe :**

**Code plateforme URSSAF :**

 **Identifiant :**

 **Mot de passe :**

**Fournir le RIB de la collectivité**

**Cotisations particulières**

**Taux Allocation transport :**

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**Taux Accident du travail :**

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**Code risque :**

**Complémentaires santé et prévoyance : Fournir la fiche de paramétrage DSN**

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| **Date et Cachet de la collectivité :**  | **Signature de l'autorité territoriale :**  |