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|  | | | | | | | **Formulario SEGUNDA ETAPA de Postulación - 2019**  **REGION DE COQUIMBO** | | | | | | | | | | | | | | | | | | | | | | | ***Vº Bº SEREMITT*** | | |
| **Programa Nacional de Renovación de Buses y Minibuses.** | | | | | | | | | | | | | | | | | | | | | | |
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| **Datos Vehículo Saliente que postula al Programa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLACA PATENTE | | | | | |  | | | | | | | | | | AÑO FABRICACION | | | | |  | | | | | | LINEA/FOLIO | | |  | | |
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| FECHA 1ª INSCRIPCION RNVM | | | | | |  | | | | | | | | | | CAPACIDAD PASAJEROS  SEGÚN RT | | | | |  | | | | | | TIPO DE SERVICIO INSCRITO | | |  | | |
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| FECHA CANCELACION RNVM | | | | | |  | | | | | | | | | | FECHA  CANCELACION RNT | | | | |  | | | | | | FECHA  RECEPCION  CHATARRIZADOR | | |  | | |
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| **Datos Vehículo Entrante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PLACA PATENTE | | | | | |  | | | | | | | | | | AÑO FABRICACION | | | | |  | | | | | | FECHA FACTURA (BUS NUEVO) | | |  | | |
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| FECHA 1ª INSCRIPCION RNVM | | | | | |  | | | | | | | | | | CAPACIDAD PASAJEROS  SEGÚN RT | | | | |  | | | | | | TIPO DE SERVICIO INSCRITO | | |  | | |
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| **Nombre Propietario Vehículo Saliente que postula al Programa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre Completo o Razón Social | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| RUT |  | |  | |  | | |  |  | | |  | | |  | | |  | **-** |  | |  | |  | | Persona Natural | | | |  | Persona Jurídica |
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| Dirección | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Comuna |  | | |
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| Teléfono | |  | | | | | | | | Celular | | | | | | |  | | | | | | E-mail | |  | | | | | | |
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| **Datos persona jurídica (llenar sólo si el propietario del vehículo saliente es una Persona Jurídica)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre de Fantasía Persona Jurídica | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| ***Datos Representante Legal*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre completo | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Indique si otorga mandato para que un tercero reciba el Valor de Compra** | | | | | | | | | | | | | | |
| SI/NO |  | Nombre del Tercero |  | RUT |  |  |  |  |  |  |  |  | - |  |

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| **Nombre y Firma del Postulante** |  | **Recepción Fecha, Firma y Timbre Oficina de Partes SEREMITT** |