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|  | | | | | | | ***Formulario N°2 SEGUNDA ETAPA de Postulación – Convocatoria 2025 REGIÓN DE COQUIMBO*** | | | | | | | | | | | | | | | | | | | | | | |  | | |
| ***Postulación Programa Nacional de Renovación de Buses y Minibuses 2025*** | | | | | | | | | | | | | | | | | | | | | | |
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| **Región de Coquimbo** | | | | | | | | | | | Fecha presentación | | | | | | | |  | | | | | | | VºBº Seremitt | | | |  | |  |
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| **Datos Vehículo Saliente que postula al Programa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PPU | | | | |  | | | | | Año Fabricación | | | | | | | |  | | | | | | | | |  | | | | | |
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| Mes/Año 1ª  Inscripción RNVM | | | | | | |  | | | Capacidad Pasajeros  Según RT | | | | | | | |  | | | | | | | | | Tipo Servicio autorizado  (Urbano/Rural) | | |  | |  |
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| Fecha cancelación RNVM | | | | | | |  | | | Fecha cancelación RNSTPP | | | | | | | |  | | | | | | | | | Fecha recepción  Chatarrizador | | |  | |  |
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| **Datos Vehículo Entrante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PPU | | | | |  | | | | | Año Fabricación | | | | | | | |  | | | | | | | | |  | | | | | |
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| Mes/Año 1ª  Inscripción RNVM | | | | | | |  | | | Capacidad Pasajeros  Según RT | | | | | | | |  | | | | | | | | | Tipo Servicio autorizado  (Urbano/Rural) | | |  | |  |
| Acceso Universal  (X) | | | | | | |  | | | Estándar RED (X) | | | | | | | |  | | | | | | | | | Bus Eléctrico (X) | | |  | |  |
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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 (1)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre completo | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Dirección | | |  | | | | | | | | | | | | | | | | | | | | | | Comuna | | | |  | | | |
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| Teléfono | | |  | | | | | | | | Celular | | | |  | | | | | | | E-mail | | | |  | | | | | | |
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| **Indique si otorga mandato para que un tercero reciba el Valor de Compra** | | | | | | | | | | | | | | |
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| SI/NO |  | Nombre del Tercero |  | RUT |  |  |  |  |  |  |  |  | - |  |

**Firma del Postulante**