**DECLARACIÓN JURADA**

Sres.

Gobierno Regional de Coquimbo

Presente

De mi consideración:

Quien suscribe declara haber analizado las Bases de la Convocatoria 2014 al Programa Especial de Renovación de Buses, Minibuses, Taxibuses y Trolebuses, Región de Coquimbo, y que, habiendo tomado conocimiento de las aclaraciones necesarias, las he considerado para la presentación de mi postulación al mencionado Programa.

Declaro asimismo conocer, aceptar y estar conforme con dichas Bases y con todas las condiciones y exigencias en ellas establecidas.

Finalmente, autorizo al Gobierno Regional para requerir de cualquier organismo público o privado toda información necesaria para validar el cumplimiento de los requisitos exigidos en las Bases del Programa.

Saluda atentamente a Ud.

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Firma del postulante

(persona natural o representante legal persona jurídica)

NOTARIO QUE AUTORIZA

Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORMATO OTORGAMIENTO MANDATO PARA PAGO DEL VALOR DE COMPRA**

Sres.

Gobierno Regional de Coquimbo

Presente

De mi consideración:

Quien suscribe por este acto otorga mandato especial irrevocable al Gobierno Regional de Coquimbo para que en su nombre proceda a efectuar el pago del valor de compra asociado a mi postulación al Programa Especial de Renovación de Buses, Minibuses, Taxibuses y Trolebuses, Región de Coquimbo, Convocatoria 2014, a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1 cédula de identidad Nº \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Saluda atentamente a Ud.

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

Firma del postulante

(Persona natural o representante legal persona jurídica)

Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARIO QUE AUTORIZA

1 En el caso que el mandatado sea una Empresa, se debe indicar RUT

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| Postulación Programa Nacional de Renovación de Buses y Minibuses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Región | | | | | | | | | | |  | | | | | | | | | | | | | |  | | Fecha presentación | | | | | | | | | | | |  | | | | | | | | | VºBº Seremitt | | | |  | | | | | | |  |
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| **Datos Vehículo Saliente que postula al Programa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PPU | | | | | |  | | | | | | | | | | | | | | | Año Fabricación | | | | | | | | | | | | | | |  | | | | | | Tipo de Vehículo (Bus/Minibus) | | | | | | | | | | | | |  | | | |  |
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| Mes/Año 1ª  Inscripción RNVM | | | | | | | | | | |  | | | | | | | | | | Capacidad (Plazas) | | | | | | | | | | | | | | |  | | | | | | Tipo Servicio autorizado (Urbano/Rural) | | | | | | | | | | | | |  | | | |  |
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| Fecha cancelación RNVM | | | | | | | | | | |  | | | | | | | | | Fecha cancelación RNSTP | | | | | | | | | | | | | | | |  | | | | | | Fecha recepción Chatarrizador | | | | | | | | | |  | | | | | | |  |
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| **Datos Vehículo Entrante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mes/Año 1ª  Inscripción RNVM | | | | | | | | |  | | | | | | | | | | | Capacidad (Plazas) | | | | | | | | | | | | | | |  | | | | | | | | Tipo Servicio autorizado (Urbano/Rural) | | | | | | |  | | | | | | | | |  |
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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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| 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)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***Datos Representante Legal (2)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre completo | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| RUT | |  | | | | |  | | |  | | | |  | | | | |  | | |  | | | |  | | |  | **-** | | | | | | |  | Actúa en Conjunto con otro representante SI/NO | | | | | | | | | | | | | | | | |  | |  | | |
| **Indique si otorga mandato para que un tercero reciba el Valor de Compra**  SI/NO\_\_\_\_ Nombre del tercero \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RUT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Nombre y Firma del Postulante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |