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| Postulación Programa Nacional de Renovación de Buses y Minibuses 2023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Datos Vehículo Saliente que postula al Programa** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mes/Año 1ª  Inscripción RNVM | | | | | | | | | | |  | | | | | | | | Capacidad (Plazas) | | | | | | | | | | | | | | |  | | | | | Tipo Servicio autorizado (Urbano/Rural) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |
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| **Datos Vehículo Entrante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Indicar PPU sólo si ya compró el Vehículo Entrante | | | | | | | | | | | | | | | | | Capacidad (Plazas) | | | | | | | | | | | | | | | |  | | | | | | | Acceso Universal  (Marque con una 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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| 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 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Datos Representante Legal (2)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Indique si otorga mandato para que un tercero reciba el Valor de Compra** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Nombre, Rut y Firma del Postulante**