FORMULARIO DE SOLICITUD DE REGISTRO V.2

1. **IDENTIFICACIÓN DEL ACTOR PRODUCTIVO MINERO**

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| **RAZON SOCIAL** |

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|  |  | **CERT. DE REGISTRO**  |  |
| **MAT. DE COMERCIO** |  |
| **NIT** |  |
| **NIM** |  |

 |
| **DOMICILIO LEGAL**  |

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| Departamento: |  | Municipio: |  |

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| Avenida/Calle: |  |

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| **ACTOR PRODUCTIVO MINERO** | En cumplimiento del art. 369.I de la C.P.E.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Estatal |  |   | Cooperativa |  |  | Privada |  |
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| Actividad minera (art. 10 Ley N° 535)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Exploración |  |  | Explotación  |  |  | Beneficio o Concentración  |  |  | Fundición y Refinación  |  |

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| Industrialización |  |  | Comercialización |  | Interna  |  |
| Externa  |  |

 |
| **CONTACTO** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Teléfono: |  | Celular: |  | Correo electrónico: |  |

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1. **INFORMACIÓN DEL REPRESENTANTE LEGAL O PROPIETARIO**

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| **NOMBRE COMPLETO** |

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| Carnet de Identidad N° |  | Expedido en: |  |

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| **DOMICILIO REAL**  | .

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| Departamento: |  | Municipio: |  |

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| Avenida/Calle: |  |

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| **CONTACTO**  | .

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| --- | --- | --- | --- | --- | --- |
| Teléfono: |  | Celular: |  | Correo electrónico: |  |

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1. **INFORMACIÓN DEL RESPONSABLE DEL FORMULARIO 101**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **N°** | **NOMBRE COMPLETO** | **C.I. N°** | **TELEFONO** | **CELULAR** | **CORREO** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |

|  |
| --- |
| * En caso de existir modificaciones en el personal responsable del llenado del Formulario 101, poner en conocimiento de la SDMMRE.
* La información proporcionada en el presente formulario es carácter de Declaración Jurada.
* No se permiten tachaduras, borrones ni enmiendas.
 |

Oruro, …../……./…..

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**FIRMA Y SELLO DEL REPRESENTANTE LEGAL**