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| **INFORME DE SUBSANACIÓN**

|  |  |
| --- | --- |
| **NOMBRE /RAZÓN SOCIAL** |  |
| **RUT** |  |
| **NOMBRE REPRESENTANTE LEGAL** |  |
| **N° CÉDULA DE IDENTIDAD REPRESENTANTE LEGAL** |  |
| **LÍNEA DE ACCIÓN DECLARADA****(Ley 21.302, artículo 18)** |  |
| **REGIONES DECLARADAS** |  |
| **N° FOLIO EXPEDIENTE** |  |
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| **N°** | **REQUISITO** | **MODO DE SUBSANAR** |
|  |  | Se adjunta/remite/corrige: |
|  |  | Se adjunta/remite/corrige: |
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|  |  | Se adjunta/remite/corrige: |
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|  |  | Se adjunta/remite/corrige: |

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**FIRMA REPRESENTANTE LEGAL**