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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** |  | |  |  |  |  |  |  | | --- | --- | --- | | **N°** | **REQUISITO** | **MODO DE SUBSANAR** | |  |  | Se adjunta/remite/corrige: | |  |  | Se adjunta/remite/corrige: | |  |  | Se adjunta/remite/corrige: | |  |  | Se adjunta/remite/corrige: | |  |  | Se adjunta/remite/corrige: | |  |  | Se adjunta/remite/corrige: | |  |  | Se adjunta/remite/corrige: | |

**FIRMA REPRESENTANTE LEGAL**