FORMULARIO DE SOLICITUD DE REGISTRO V.2

1. **IDENTIFICACIÓN DEL ACTOR PRODUCTIVO MINERO**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RAZON SOCIAL** | |  |  |  |  | | --- | --- | --- | --- | |  |  | **CERT. DE REGISTRO** |  | | **MAT. DE COMERCIO** |  | | **NIT** |  | | **NIM** |  | |
| **DOMICILIO LEGAL** | |  |  |  |  | | --- | --- | --- | --- | | Departamento: |  | Municipio: |  | |
| |  |  | | --- | --- | | Avenida/Calle: |  | |
| **ACTOR PRODUCTIVO MINERO** | En cumplimiento del art. 369.I de la C.P.E.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Estatal |  |  | Cooperativa |  |  | Privada |  | | |
| Actividad minera (art. 10 Ley N° 535)   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Exploración |  |  | Explotación |  |  | Beneficio o Concentración |  |  | Fundición y Refinación |  |   .   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Industrialización |  |  | Comercialización |  | Interna |  | | Externa |  | |
| **CONTACTO** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Teléfono: |  | Celular: |  | Correo electrónico: |  | |

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

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| --- | --- | --- |
| **NOMBRE COMPLETO** | |  | | --- | |  | |
| .   |  |  |  |  | | --- | --- | --- | --- | | Carnet de Identidad N° |  | Expedido en: |  | |
| **DOMICILIO REAL** | .   |  |  |  |  | | --- | --- | --- | --- | | Departamento: |  | Municipio: |  |   . |
| .  .   |  |  | | --- | --- | | Avenida/Calle: |  |   . |
| **CONTACTO** | .   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Teléfono: |  | Celular: |  | Correo electrónico: |  | |

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

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

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| --- |
| * 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**