**ANEXO Nº 8**

**FORMULARIO DE REINTEGRO**

| Fecha: | |  | |  | | | |  | |  | | |  | | | |  |  | | | |  | | | |  | |
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| **USO ASOCIACIÓN EJECUTORA** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | N° de Resolución Proyecto: | | | | |  | |  | | | |  | | |  | |  | | |  | | | |  | |
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|  | Nombre Proyecto: | | |  | |  | |  | | | |  | | |  | |  | | |  | | | |  | |
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|  | Nombre Asociación Ejecutora: | | | | |  | |  | | | |  | | |  | |  | | |  | | | |  | |
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|  | RUT: | |  | |  | |  |  | | | |  | | | |  |  | | | |  | | |  | |
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|  | Motivo Depósito : | | |  | | Reintegro: | |  | | | |  | | | Otro: | |  | | | |  | | |  | |
|  |  | |  | |  | |  |  | | | |  | | | |  |  | | | |  | | |  | |
|  | Monto Depósito: | | |  | |  | |  | | | | Fecha de Depósito: | | | | |  | | |  | | | |  | |
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|  | N° Cuenta Depósito: | | |  | |  | |  | | | |  | | |  | |  | | |  | | | |  | |
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| **Nombre y Firma**  **Representante Legal** | | |

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| **Timbre Asociación** | | |
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| **USO EXCLUSIVO SERNAC (UFCP):** | | | | | | | | | | | | | | | | | |
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|  | Registra depósito en Cuenta Bancaria: | | | |  | **SI** | | | |  | | |  | | | **NO** |  |
|  |  |  |  |  |  | |  | |  | | |  | | |  | |  |
|  | Fecha Deposito (Cuando corresponda) | | | |  | | |  | | |  | | |  | | | |  |
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|  | Se contabilizó el Reintegro: | | |  |  | | **SI** | |  | | |  | | | **NO** | |  |
|  |  |  |  |  |  | |  | |  | | |  | | |  | |  |
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|  | **FIRMA PROFESIONAL UFCP SERNAC** | | | | | | | | | | | | | | | | |