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| **Anexo No. 1** | | | | | | | | |  |
| **IDENTIFICACIÓN DE LA FIRMA CONSULTORA** | | | | | | | | |  |
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| **1.-** | **Denominación Social:** |  |  |  |  |  |  |  |  |
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| **2.-** | **Fecha de constitución y modificaciones:** | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **3.-** | **Representación legal:** |  |  |  |  |  |  |  |  |
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| **4.-** | **Dirección Domicilio Legal:** |  |  |  |  |  |  |  |  |
|  | **Ciudad** |  |  |  |  |  |  |  |  |
|  | **Calle** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Nº** |  |  |  |
|  | **País** |  |  |  |  |  |  |  |  |
|  | **Teléfonos:** |  |  |  |  |  |  |  |  |
|  | **Fax:** |  |  |  |  |  |  |  |  |
|  | **E-mail** |  |  |  |  |  |  |  |  |
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| **5.-** | **Dirección Oficina Ecuador (si dispone):** | |  |  |  |  |  |  |  |
|  | **Ciudad** |  |  |  |  |  |  |  |  |
|  | **Calle** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Nº** |  |  |  |
|  | **País** |  |  |  |  |  |  |  |  |
|  | **Teléfonos:** |  |  |  |  |  |  |  |  |
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|  | **E-mail** |  |  |  |  |  |  |  |  |
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| **6.-** | **Datos de contacto:** |  |  |  |  |  |  |  |  |
|  | **Nombre:** |  |  |  |  |  |  |  |  |
|  | **País** |  |  |  |  |  |  |  |  |
|  | **Teléfonos:** |  |  |  |  |  |  |  |  |
|  | **Fax:** |  |  |  |  |  |  |  |  |
|  | **E-mail** |  |  |  |  |  |  |  |  |
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| **7.-** | **Certificaciones obtenidas:** |  |  |  |  |  |  |  |  |
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|  | **Fecha:** | |  |  |  |  |  |  |  |
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|  | **Nombre** | |  | **Firma** | | |  |  |  |
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|  | **\* Los formularios que no incluyan la firma autorizada no serán considerados en este proceso.** | | | | | | | |  |