San juan, TXT001\_sys

SEGURO DE VIDA OBLIGATORIO - Decreto 1567/74

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| Apellido(s) y Nombre(s) | | Nº LEGAJO | D.N.I. | C.U.I.L. |
| **TXT003\_sys** | **TXT004\_sys** | **TXT005\_sys** |
| **TXT002\_sys** | | Sector: **TXT006\_sys** | | |
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| Sres. **EMPREMINSA - CERRO AMARILLO S.A**. | | | | |
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| Me dirijo a Uds. con el fin de comunicarles, en carácter de **DECLARACION JURADA** que designo como beneficiario/s | | | | |
| de este seguro a: | | | | |
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| Apellido(s) y Nombre(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | N° Documento: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Parentesco: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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