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| **FORM**  **SID** |  | ***Formulario de Solicitud de Interrupción de Desistimiento***  ***Solo para*** ***Compro Hecho en Bolivia (D.S. 4505)*** |  |

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| 1. **IDENTIFICACIÓN DE LA ENTIDAD** | | | | | | | | | | | | | | | | | |
| *Código de la entidad* | | | | | | | | | *Denominación de la Entidad* | | | *Fax* | | | *Teléfono/Celular* | | |
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| 1. **IDENTIFICACIÓN DEL PROCESO DE CONTRATACION** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CUCE** | **:** |  |  |  | **-** |  |  |  |  | **-** |  |  | **-** |  |  |  |  |  |  |  | **-** |  | **-** |  |  |
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| **Objeto de la Contratación** | **:** |  |  | | | | | | | | | | | | | | | | | | | | | |  |
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| 1. **DATOS DEL SOLICITANTE (MAE, MAEC o RAA)** | | | | | | | | | | |
| **Datos de la autoridad solicitante** | **:** |  | *Apellido Paterno* |  | *Apellido Materno* |  | *Nombre(s)* |  | *Cargo* |  |
|  |  |  |  |  |  |  | Seleccione el cargo |  |
|  |  |  | | | | | | | | |
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| **Correo electrónico del solicitante** | **:** |  |  | | | | | | |  |
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| 1. **DATOS DE LA SOLICITUD DE INTERRUPCIÓN *(Marque X)*** | | | |
| **Causal de desistimiento tácito:** | No emitió respuesta a través del sistema  No remitió los documentos de manera física a la Entidad | | |
| **Justificación del Proveedor:** | Razones de fuerza mayor  Caso fortuito  Otras causas debidamente justificadas | | |
| **Descripción de la justificación:** |  |  | |
|  |  |  |
|  | |
| **Documentación de respaldo:** | Documento de justificación del proveedor (Nota, correo u otro)  Documento de aceptación de la Entidad (Informe, nota, correo u otro) | | |

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| 1. **DATOS DEL ENVÍO DEL FORMULARIO** | | | | | | | | | | | | | | | | | |
|  |  |  | *Paterno* | | | | |  | *Materno* | | |  | *Nombre(s)* | |  | *Cargo* |  |
| **Datos de la persona que elaboró el formulario** | **:** |  |  | | | | |  |  | | |  |  | |  |  |  |
|  |  |  | *Día* |  | *Mes* |  | *Año* | | |  | *Medio* de envío | | | | | |  |
| **Fecha y medio de envío** | **:** |  |  |  |  |  |  | | |  | Físico | | | Firmado Digitalmente (con información escaneada) | | |  |
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| 1. **DECLARACIÓN DE VERACIDAD DE LA INFORMACIÓN** | | | | | | | | | | | | | |
|  |  |  | *Nombre / Razón Social* | | | |  | *CI/NIT/Otro* | |  |  | |
|  | La justificación presentada por el proveedor | |  | | | | con |  | | fue aceptada por la entidad, por lo que |  | |
|  |  |  | | | |  |  | | | |  | |
|  |  | *Nombre completo de la MAE/MAEC/RAA* | | | |  | *Cargo* | | | |  | |
|  | yo |  | | | en mi calidad de | | Seleccione el cargo | | | |  | |
|  |  | | | | | | | | | | |  | |
|  | **autorizo y solicito** la publicación del Formulario de Solicitud de Interrupción de Desistimiento, para que el impedimento a causa del registro del Formulario 180 sea interrumpido desde la fecha en la que este formulario sea procesado. | | | | | | | | | | |  | |
|  | **Firma y sello de la MAE/MAEC/RAA** | | | | | | | | | | |  | |
|  | Firma | | |  | | | | | Sello | | |  | |
|  | | | | | | | | | | | | | |

*El presente formulario debe estar firmado por la MAE, MAEC o RAA de la entidad, caso contrario no será procesado.*

*Todos los efectos producidos por información o documentación errónea registrada en el SICOES, son de completa responsabilidad de la entidad y del usuario que se consigne como responsable del registro de la información.*