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| **FECHA** | | | **NOMBRE DEL EMPRESARIO** | **NÚMERO DE**  **MATRÍCULA** | **VISITA EFECTIVA** | | **PRESENTÓ LA SOLICITUD DE AFILIACIÓN** | | **FIRMA** |
| **DÍA** | **MES** | **AÑO** | **SÍ** | **NO** | **SÍ** | **NO** |
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