**FORMULARIO D – ALTA DE CUENTA**

**ANEXO I.a**

**CENSO DE PRODUCTORES**

**Solicitud de Alta de Entes**

*(1) Para intervención exclusiva del Servicio Administrativo Financiero (S.A.F.)*



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| **Entidad de Proceso:** |  |  |  | **Estado:** |

**Entidad Emisora:**

**Id. Comprobante:**

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|  | **Fecha Autorización:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Fecha Ult. Actualiz.:** |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *(2) Para completar por el interesado* |  |  |  |  |  |  |  |  |
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|  | Clase: |  | Cliente: |  |  | Beneficiario: |  |  |  | Banco: |  |  |  |  |  |  |  |  |  |  |  | Nro. Ente: |  |  |  |  |  |  |  |  |  |
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|  | Tipo: |  |  |  |  |  |  |  |  |  |  |  |  | Identificador: |  |  |  |  |  |  |  |  |  |  |  | Documento: |  |  |  |
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|  | Personería: |  |  |  |  |  |  |  |  |  |  |  |  | Tipo: |  |  |  |  |  |  |  |  |  |  |  | Tipo: |  |  |  |  |  |  |  |  |
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|  | Origen: |  |  |  |  |  |  |  |  |  |  |  |  |  | Código: |  |  |  |  |  |  |  |  |  |  |  | Número: |  |  |  |  |  |  |  |  |
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|  | País: |  |  |  |  |  |  |  |  |  |  |  |  |  | Cuit de Rel.: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Denominación: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Observaciones: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Características | Org. |  |  |  |  |  | Empleador: |  |  |  |  |  | SAF: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Oficial: |  |  |  |  |  |  |  |  |  |  |  | Fondo Rotatorio: |  |  |  |  | Org. Multilateral: |  |  |  |  |  |
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| Situación Impositiva\*: |  |  |  |  |  |  | Monotributo: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Iva: |  |  |  |  |  |  |  |  |  |  |  | Ganancias: |  |  |  |  |  |  |  |  |  | Ingresos Brutos: |  |  |  |  |  |
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|  | Contacto\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Nombre: |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Teléfono: |  |  |  |  |  |  |  | Celular: | Fax: |  |  |  |
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|  | Mail: |  |  |  |  |  |  |  |  |  | Web: |  |  |  |  |  |  |  |  |  |  |  |  |  | Observaciones: |  |  |  |  |  |  |  |  |
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**CENSO DE PRODUCTORES**



Actividad\*:

Sector:

Sub Sector:

Económica Primaria:

Económica Secundaria 1:

Económica Secundaria 2:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Domicilio: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Tipo: |  |  |  |  |  |  | Calle: |  |  |  |  |  |  | Número: |  | Piso: |  |  | Dto: |  |
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|  |  |  | País: |  |  |  |  |  | Provincia: |  |  | Ciudad: |  |  |  | Localidad: |  |  |  | CP: |  |
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|  |  |  | Nombre: |  |  |  |  |  |  |  |  |  |  |  | Teléfono: | Celular: |  |  |  |  |  |  | Fax: |  |
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| Cuenta Bancaria\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Banco: |  |  |  |  |  |  | Suc.: |  |  | Cuenta N°: |  |  |  |  |  |  |  | Tipo: |  |  |  | Moneda: |  |
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|  |  |  | Ident.: |  | N° Identificador: |  |  |  |  |  |  |  |  |  |  | Denominación: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**CENSO DE PRODUCTORES**

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|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *(3) Exclusivo para agrupaciones de Empresas* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Agrupación de Empresas: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Tipo: |  |  |  |  |  |  |  |  |  |  |  |  |  | %: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Entes: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | Nº Ente |  | CUIT Participante: |  |  |  | Denominación: |  |  |  |  |  |  | % Part.: |  | % Rem.: |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  | *(4) Información específica para entes clase banco* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Datos Bancos: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Identificación del Banco: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Agente CUT: |  |  |  |  |  |
|  | Cuenta Bancaria CUT: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Banco: |  | Suc.: | Cuenta: |  |  |  | Tipo: | Moneda: Ident.: | N° Identificador: | Denominación: |  |
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**CENSO DE PRODUCTORES**

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|  | Datos Sucursales: |  |  |  |  |  |  |  |  |  |  |  |
|  | Sucursal: | C. Matriz: |  | Denominación: |  |  | Ident.: | Nº de Identificador**:** |
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|  | Domicilio: |  |  |  |  |  |  |  |  |  |  |  |
|  | Tipo: | Calle: |  |  | Número: |  |  | Piso: | Dto.: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | País: | Provincia: |  |  | Ciudad: |  |  | Localidad: |  |  | CP: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Nombre: |  | Teléfono: | Celular: |  | Fax: |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mail: |  | Web: |  | Observaciones: |
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Teléfono: ………………………

Celular: ……………………….

Email: ………………………….

FIRMA DEL SOLICITANTE

ACLARACIÓN

TIPO Y NRO. DE DOCUMENTO

FECHA Y SELLO DE RECEPCIÓN ….….../………/………

 PARA USO EXCLUSIVO DEL

SERVICO ADMINISTRATIVO

FINANCIERO

 FIRMA DEL RECEPTOR ………………………...………...……

Aclaración………………………..………………………..

***FORMULARIO E – AUTORIZACIÓN ACREDITACIÓN***

**ANEXO IV**

**CENSO DE PRODUCTORES**

**AUTORIZACION DE ACREDITACION DE PAGOS DEL TESORO NACIONAL**

**EN CUENTA BANCARIA**

1. …………………………………….

SEÑOR

DIRECTOR GENERAL DE ADMINISTRACION

DEL MINISTERIO DE AGRICULTURA, GANADERÍA Y PESCA

El (los) que suscribe (n) (3)……………………………..………………………………….en mi (nuestro) carácter de (4)……………………………………, de (5)………….………………………, C.U.I.T. Nº (6)……………………….……., autoriza (mos) a que todo pago que deba realizar la TESORERIA GENERAL DE LA NACION, en cancelación de deudas a mi (nuestro) favor por cualquier concepto de Organismos incluidos dentro del Sistema de la Cuenta Única del Tesoro, sea efectuado en la cuenta bancaria que a continuación se detalla

|  |  |
| --- | --- |
| DATOS DE LA CUENTA BANCARIA | USO S.H. |
| CUENTA CORRIENTE/ DE AHORRO: CODIGO y Nº (7) |   |
| CBU DE LA CUENTA |   |
| C.U.I.T Nº  |   |
| TITULARIDAD |   |
| DENOMINACION |   |
| BANCO / CUIT Nº |   |
| SUCURSAL /Nº |   |
| DOMICILIO |   |

La orden de transferencia de fondos a la cuenta arriba indicada, efectuada por la Tesorería General de la Nación dentro de los términos contractuales, extinguirá la obligación del deudor por todo concepto, teniendo validez todos los depósitos que allí se efectúen hasta tanto, cualquier cambio que opere en la misma, no sea notificado fehacientemente a ese Servicio Administrativo.

El beneficiario exime al ESTADO NACIONAL de cualquier obligación derivada de la eventual mora que pudiera producirse como consecuencia de modificaciones sobre la cuenta bancaria.

…………………………………………

(8) **Firma y Aclaración**  <obligatorio>

……………………………………………………….….

(9) **Certificación bancaria** <obligatorio>

 (1) Lugar y fecha de emisión// (2) Denominación del Organismo donde se presenta// (3) Apellido y Nombre del (de los) que autoriza (n) el depósito // (4)Carácter por el cual firma (n) (presidente, socio, propietario, etc) // (5)Razón Social//Denominación// (6)Número de CUIT Impositivo// (7) Tachar lo que no corresponda. Deberá indicarse el número que identifica al tipo de cuenta y el número de cuenta completo conforme la estructura de cuentas bancarias que opera la entidad financiera// (8) Firma y aclaración del titular //(9) Certificación bancaria de la firma del titular.