**ANEXO No. 2**

**E.S.E. HOSPITAL SAN JOSE – BELEN DE UMBRIA**

**DATOS BÁSICOS BENEFICIARIO CUENTA**

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| **FORMULARIO INSCRIPCION COMO PROVEEDOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Me permito certificar la siguiente información con el fin de ser incluida en la base de datos como Proveedor de la E.S.E. Hospital San José de Belén de Umbría: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.DATOS GENERALES** | | | | | | | |  | | | |  | | | | |  | | | | | | | |  | | | | |  | | | |  | | | | |  | | | |  | |
| NOMBRE DEL INTERESADO O RAZON SOCIAL DE LA EMPRESA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | |
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| IDENTIFICACION | | | NIT. | | | |  | | | C.C. | | | |  | | | | | C.E. | | | | |  | | | | NUMERO | | | | | | |  | | | | | | | | | |
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| DIRECCION | | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CIUDAD DOMICILIO PRINCIPAL | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NUMEROS TELEFONICOS | | | | | | | | | | | |  | | | | | | | | | | NUMERO DE FAX: | | | | | | | | | | | | | | |  | | | | | | | |
| CORREO ELECTRONICO | | | | | | | |  | | | |  | | | | |  | | | | |  | | | | | | | |  | | |  | | | | | |  | | | |  | |
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| **2. DATOS DE LA EMPRESA** | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | | |  | | |  | | | | | |  | | | |  | |
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| NO. ESCRITURA CONSTITUCION | |  | | | | | | | | | | FECHA DE CONSTITUCION | | | | | | | | | |  | | | | | | | | | | | VIGENCIA DE LA SOCIEDAD | | | | | |  | | | | | |
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| NOTARIA |  | | | | | | | | | | CIUDAD | | | | |  | | | | | | | | | | NO. MATRICULA MERCANTIL | | | | | | | | | | | | | | |  | | | |
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| NOMBRE DEL REPRESENTANTE LEGAL | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | |  | | | | | |  | | |  | | | |  | |
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| IDENTIFICACION C.C.\_\_\_ C.E.\_\_\_\_ | | | | | | | | | | | | | NUMERO | | | | |  | | | | | | | | | | | | | | EXPEDIDA EN: | | | | | |  | | | | | | |
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| **3. TIPOS DE PROVEEDOR: Marque con una (X)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |  | | |
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| CONSTRUCTOR | |  | | | | | |  | | | |  | | |  | | | | | | | | PROVEEDOR DE BIENES | | | | | | | | | | | | | | | | |  | |  | | |
| CONSULTOR | |  | | | | | |  | | | |  | | |  | | | | | | | | PROVEEDOR DE SERVICIOS | | | | | | | | | | | | | | | | |  | |  | | |
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| **4. INFORMACION TRIBUTARIA** | | | | | | | | | | | |  | | |  | | | | | | | | | | | |  | | |  | | | | | |  | | |  | | | | |  |
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| REGIMEN DE IVA | | | |  | | | | COMUN | | | | | | |  | | | | | | SIMPLIFICADO | | | | | | | | | | | | | | |  | | |  | | | | |  |
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| GRAN CONTRIBUYENTE | | | | | | | |  | | | | SI | | |  | | | | | |  | | | | | | | | | NO | | | | | |  | | |  | | | | |  |
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| AUTORETENEDOR DE IVA | | | | | | | | | | | |  | | |  | | | | | | NO. RESOLUCION | | | | | | | | | | | | | | |  | | | | | | | |  |
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| AUTORETENEDOR DE RENTA | | | | | | | | | | | |  | | |  | | | | | | NO. RESOLUCION | | | | | | | | | | | | | | |  | | |  | | | | |  |
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| EXCENTO | | RETENCION EN LA FUENTE | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | RETENCION DE IVA | | | | | | | | |  | |  | | |
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| **5. INFORMACION DE CUENTA BANCARIA** | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |  | | | | | |  | | |  | | | |  | |
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| ENTIDAD FINANCIERA | | | | |  | | | | | | | | | | | | | | | | | | | | | TIPO DE CUENTA:  AHORROS: \_\_\_\_\_\_ CORRIENTE: \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
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| NUMERO DE CUENTA | | | | | |  | | | | | |  | | | | |  | | | | | | | | | |  | | |  | | | |  | | | | |  | | | |  | |
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