SOLICITUD DE SEGURO DE GARANTÍA – ADMISIÓN TEMPORAL

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| **INTERMEDIARIO** |  | **RUT** |  |
|  |  | | |  |  |
| **AGENTE DE ADUANA** |  | **RUT** |  |

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| **CONTRATANTE / AFIANZADO (Responsable de pago)** | |
| **NOMBRE** |  |
| **RUT** |  |
| **DIRECCION** |  |
| **TELEFONO** |  |
|  |  |  |  |
| **ASEGURADO** | |
| **NOMBRE** | FISCO DE CHILE – SERVICIO NACIONAL DE ADUANAS |
| **RUT** | 60.804.000-5 |
| **DIRECCION** | PLAZA SOTOMAYOR # 60, VALPARAISO |

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| **VIGENCIA ALMACEN PARTICULAR** | | | |
| **DESDE** |  | **HASTA** |  |

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| **DESCRIPCIÓN MATERIA ASEGURADA** |
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| **VALOR CIF** | **USD** |  |

**DETALLE DE IMPUESTOS A APLICAR**

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| --- | --- | --- | --- | --- |
|  |  | |  |  |
| **DERECHOS** | **USD** |  |
| **IVA** | **USD** |  |
| **MONTO ASEGURADO** | **USD** |  |

\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2019.-

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| --- | --- | --- | --- | --- | --- | --- |
| Nombre | : |  |  | Nombre | : |  |
| RUT | : |  |  | RUT | : |  |