**ANEXO III.5**

**CATÁLOGO DE BENEFICIARIOS**

(SOLICITUD DE ALTA O BAJA DE BENEFICIARIOS)

**PROGRAMA NACIONAL DE RECONSTRUCCIÓN**

**EJERCICIO FISCAL 2024**

**SECTOR CULTURA**

Interfaz de usuario gráfica, Texto

Descripción generada automáticamente

Interfaz de usuario gráfica, Aplicación

Descripción generada automáticamente

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| **ANEXO IV.5 CATÁLOGO DE BENEFICIARIOS** (SOLICITUD DE ALTA O BAJA DE BENEFICIARIOS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  | |  | **FECHA DE ELABORACION** | | | | | | | | | | | | | | | |  | | | | | | |
| TIPO DE MOVIMIENTO: | | | | |  | ALTA | |  | BAJA | | |  |  |  | |  |  | | |  | | |  | | |  | | |  | | | | |  | |  |
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|  | FECHA DE REGISTRO | | | | | | | |  |  |  | |  |  | | FOLIO | | | | | | | | | | | | | |  | | | | | | |
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|  | NOMBRE COMPLETO DEL BENEFICIARIO DENOMINACION O RAZON SOCIAL | | | | | | | | | | | | | | | | | | |  |  | | |  | | |  | | | | |  | | | |  | | | |
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|  | REGISTRO FEDERAL DE CONTRIBUYENTES | | | | | | | | |  |  | |  | HOMO CLAVE | | | | | |  | | |  | | | U.R. Y/O ORG. | | | | | | | | |
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|  | CODIGO POSTAL | | | | |  |  |  |  |  | TELEFONOS | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | CORREO ELECTRÒNICO | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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|  | No. DE CUENTA DE CHEQUES | | | | | | |  |  |  |  | |  |  | |  |  | | |  | | |  | | |  | | |  | | | | |  | |  |
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|  | CLAVE BANCARIA ESTANDARIZADA (CLABE) | | | | | | | | |  |  | |  |  | |  |  | | |  | | |  | | |  | | |  | | | | |  | |  |
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|  | No. DE SUCURSAL | | | |  |  |  |  |  |  |  | |  |  | |  | No. DE PLAZA | | | | | | | | |  | | |  | | | | |  | |  |
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|  | NOMBRE COMO APARECE EN LA CUENTA DE CHEQUES | | | | | | | | | | | | | |  |  | |  | |  | |  | | |  | | |  | | | | |  | | |  | | |
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|  | FECHA DE APERTURA | | | |  |  |  |  |  |  |  | |  |  | | MONEDA | | | | **NACIONAL** | | | | | | | | | |  | | | | | | |
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|  | DENOMINACION DE LA INSTITUCION BANCARIA | | | | | | | | | | |  |  |  | |  |  | | |  | | |  | | |  | | |  | | | | |  | |  |
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|  | FECHA DE CANCELACION | | | | | |  |  |  |  |  | |  |  | |  |  | | |  | | |  | | |  | | |  | | | | |  | |  |
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|  | **NOMBRE Y FIRMA DEL BENEFICIARIO (EN SU CASO, SERVIDOR).** | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | |
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