Paraguay, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_

A: Dpto. de Sicotrópicos, Estupefacientes, Importaciones y Exportaciones

DE: Empresa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teléfono: \_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **No.** | **Imp.** | **Exp.** | **NOMBRE DEL PRODUCTO**  | **Utilizado** | **Pendiente**  | **Vencido** | **Aduana de Ingreso** | **Autorización** | **No. de factura** |
| **Número** | **Fecha** |
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 Sello de la Empresa:

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 Representante Legal ó Propietario Director Técnico

**NOTAS:**

**LLENAR LOS ESPACIOS EN BLANCO SEGÚN APLIQUE O MARCAR CON UNA X DONDE CORRESPONDA**