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| **Pre formulario F-7** |
| P/PO-127 |
|  | **Código de Norma** |  |



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| **ANULACIÓN DE CÓDIGO** |

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| N° CONTROL(CÓDIGO DE AUDITORÍA) |  | CÓDIGO PO: |  |  |  |  |  |

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| CÓDIGO DE INFORME: |  |  |

NOMBRE DE LA ENTIDAD:

MOTIVO DE LA ANULACIÓN:

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|  | Gerente de Área |  | Gerente Departamental / Gerente Principal |  |  |  |
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|  | Día | Mes | Año |  | Día | Mes | Año |  |  |  |  |  |

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| **Pre formulario F-7 (manual)** |
| P/PO-127 |
|  | **Código de Norma** |  |



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| **ANULACIÓN DE CÓDIGO** |

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| N° control(Código de auditoria, evaluación e informe, o código del seguimiento) |  | Código PO: |  |  |  |  |  |

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| Entidad: |  |
| (Espacio destinado para el detalle de la SCST y la GNAI) |

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| Motivo de la anulación: |
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|  | Gerente de Área |  | Gerente Departamental / Gerente Principal |  |  |  |
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|  | Día | Mes | Año |  | Día | Mes | Año |  |  |  |  |  |

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| **Formulario F-7** |
| P/PO-127 |
|  | **Código de Norma** |  |



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| **ANULACIÓN DE CÓDIGO** |

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| N° CONTROL(CÓDIGO DE AUDITORÍA) |  | CÓDIGO PO: |  |  |  |  |  |

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| CÓDIGO DE INFORME: |  |  |

NOMBRE DE LA ENTIDAD:

MOTIVO DE LA ANULACIÓN:

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| FECHA DE SOLICITUD: |  |  | FECHA DE LA ANULACIÓN: |  |

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|  |  | FIRMA AUTORIZADA  |  |  |  |
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