## **ANEXO V: CAMBIO de TITULARIDAD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D./Dña.  |       | NIF  |       | como representante |
| legal de la empresa |       | CIF/NIF |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DECLARA a tal fin bajo su expresa responsabilidad que son ciertos cuantos datos figuran en este **ANEXO-V** de su solicitud, a saber, que:

|  |  |  |  |
| --- | --- | --- | --- |
| 1.- La EMPRESA  |       | CIF/NIF |       |

|  |
| --- |
| con REGISTRO de ESTABLECIMIENTOS e INTERMEDIARIOS del SECTOR de la ALIMENTACIÓN ANIMAL |
| de la REGION de MURCIA (SILUM) Nº: |       | sita en |
| Calle, paseo, avd.… : |       | Nº: |       |
| C.P : |       | Localidad:  |       | Provincia:  |       |
| Teléfono: *(dato imprescindible)* : |       | Fax:  |       |
| Correo Electrónico *(dato imprescindible):* |       |

2.- DEBIDO a:

|  |  |
| --- | --- |
| [ ]  VENTA o CESION |  |
| [ ]  DEFUNCIÓN DEL TITULAR |  |
| [ ]  OTROS, indicar: |  |

 |

3.- SOLICITA un CAMBIO de TITULARIDAD en las

|  |  |
| --- | --- |
| [ ]  | INSTALACIONES  |
| [ ]  | ACTIVIDAD/ES |

pasando del actual TITULAR, a saber :

|  |  |
| --- | --- |
| Nombre/Razón Social: |       |
| con | CIF/NIF: |       |  |

a un NUEVO TITULAR, a saber :

|  |  |
| --- | --- |
| Nombre/Razón Social: |       |
| CIF/NIF: |       | TELEFONO: |       |
| Correo electronico: |       |
| con SEDE SOCIAL en Calle, paseo, avd…: |       |
| Nº: |       | C.P.: |       | municipio: |       |

4.- cuyo REPRESENTANTE LEGAL es:

|  |  |
| --- | --- |
| D./Dña.: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| NIF: |  | TELEFONO:  |  |
| CORREO ELECTRONICO: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **En** |       | **a** |       | **de** |       | **del** |       |

**(Firma y sello)**

|  |  |
| --- | --- |
| Fdo: |       |