## **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: |  |