**Formato B7B** (Aviso de introducción de mercancía donada a la franja fronteriza del país, (Regla 3.3.6.).

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|  | Aviso de introducción de mercancía donada a la franja fronteriza del país, (Regla 3.3.6.). |  |

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| **REGISTRO NUMERO:** | | | | | | | | | | | | | | | | |
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| **1. Datos del Donatario.** | | | | | | | | | | | | | | | | |
| **Nombre, Denominación o Razón Social.** | | | | | | | | | | | | | | | | |
|  | | **R.F.C.:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Domicilio Fiscal: (Calle, Número y/o letra interior/exterior, Colonia, C.P., Municipio/Delegación, Entidad Federativa). | | | | | | | | | | | | | | | | |
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| Teléfono: ( ) | Fax: ( ) | | Correo electrónico: | | | | | | | | | | | | | |
| Actividad preponderante. | | | | | | | | | | | | | | | | |
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| **2. Datos del representante legal del Donatario.** | | | | | | | | | | | | | | | | |
| **Nombre: (Apellido paterno, Apellido materno, Nombre(s))**. | | | | | | | | | | | | | | | | |
|  | | **R.F.C.:** | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Teléfono: ( ) | Fax: ( ) | | Correo electrónico: | | | | | | | | | | | | | |
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| Datos del Poder Notarial con el que acredita su representación: (Notario No., Escritura No., Fecha, Volumen, No. del RPPyC). | | | | | | | | | | | | | | | | |
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| **3. Datos del donante extranjero.** | | | |
| **Nombre, Denominación o Razón Social.** | | | |
|  | | | **R.F.C. o TAX ID NUMBER:** |
| Domicilio: | | | |
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| Teléfono: ( ) | Fax: ( ) | Correo electrónico: | |
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| **4. Descripción de la mercancía.** | | | | | | | | | | | | | | | | | |
| Señale con una “X” si la mercancía es: | | | | | |  | | Nueva | |  | | Usada |  | | Forma parte de su patrimonio | | |
| Descripción: | | Cantidad: | | | Unidad Medida: | | Fracción Arancelaria: | | | | Marca: | | | | Modelo: | | Número de serie: |
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| **5. Fines a que se destinará la mercancía.** | | | | | | | | | | | | | | | | | |
| Indique con una “X” los fines a que se destinará la mercancía. | | | | | | | | | | | | | | | | | |
|  | Culturales | |  | Enseñanza | |  | | Salud pública |  | | Servicio social | | |  | | Investigación | |
| Especifique. | | | | | | | | | | | | | | | | | |
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| **6. Protesta de decir verdad y firma de la persona que presenta la declaración:** | | | | | | | | | | | | | | | |
| **DECLARO BAJO PROTESTA DE DECIR VERDAD, QUE LA INFORMACION Y DOCUMENTACION PROPORCIONADA ES COMPLETA, CORRECTA Y VERAZ.** | | | | | | | | | | | | | | | |
| NOMBRE Y FIRMA: | LUGAR: | FECHA: | | | | | | | | | | | | | |
|  |  | **DD** | | | | **MM** | | | | **AAAA** | | | | | |
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| **7. SOLO PARA USO OFICIAL.** | | **DD** | | | **MM** | | | | **AAAA** | | | | | | |
| **Empleado Aduanero (Nombre, firma y número de gafete):** | |  |  | |  | |  | |  | |  |  | | |  |
|  | | Sello de la Aduana o Sección Aduanera. | | | | | | | | | | | | | |