

FALTO NO 64 55

| | | | |
|--------------------|---------------------|---------------------|------------------|
| ORIGEN MEDELLIN | DESTINO MEDELLIN | FECHA 2024-11-14 | HORA 11:21:36 |
|--------------------|---------------------|---------------------|------------------|

900 151 122 - 2
CERTIPOSTAL.COM



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--------------------------------------|---|-------------------------|-------------------|------|------------------------|-----------------|---|---|---|-------------------------|-----|--|--|--|--|-------------------|--|--|--|--|-----|--------------------------------|--|-------------------------------------|--|---------------|--|--|--|--|-----|--|--|--|--|-------|--|--|--|--|-------|--|--|--|--|-------------|--|--|--|--|-------|
| REMITENTE | DE: ISVIMED CAO | PARA: MILTON DARIO CASTAÑA'EDA RAMOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dirección: CALLE 47D # 75-240 | Dirección: CARRERA 52 NRO. 98 A 55, BARRIO SANTA CRUZ [CP: NP] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ciudad - País MEDELLIN - COLOMBIA | Ciudad - País MEDELLIN - ANTIOQUIA - COLOMBIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Telefono: 4304310 | Nit-CC-Cod: 235700920 900 014 480 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DICE CONTENER: RADICADO 5520 | | <table border="1"> <tr> <td>LARGO</td> <td>ACNHO</td> <td>ALTO</td> <td>PESO / VOLUMEN / KILOS</td> <td>Valor Declarado</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0.2 Kilos 0 Unidades</td> <td>\$0</td> </tr> <tr> <td colspan="4"></td> <td>Porcentaje Seguro</td> </tr> <tr> <td colspan="4"></td> <td>\$0</td> </tr> <tr> <td colspan="2">REMITENTE-NOMBRE LEGIBLE-SELLO</td> <td colspan="2">DESTINATARIO O PERSONA QUIEN RECIBE</td> <td>Otros Valores</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>\$0</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>Flete</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>\$900</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>Valor Total</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>\$900</td> </tr> </table> | LARGO | ACNHO | ALTO | PESO / VOLUMEN / KILOS | Valor Declarado | 0 | 0 | 0 | 0.2 Kilos 0 Unidades | \$0 | | | | | Porcentaje Seguro | | | | | \$0 | REMITENTE-NOMBRE LEGIBLE-SELLO | | DESTINATARIO O PERSONA QUIEN RECIBE | | Otros Valores | | | | | \$0 | | | | | Flete | | | | | \$900 | | | | | Valor Total | | | | | \$900 |
| LARGO | ACNHO | ALTO | PESO / VOLUMEN / KILOS | Valor Declarado | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0.2 Kilos 0 Unidades | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Porcentaje Seguro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMITENTE-NOMBRE LEGIBLE-SELLO | | DESTINATARIO O PERSONA QUIEN RECIBE | | Otros Valores | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Flete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Valor Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | \$900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE, FIRMA Y SELLO [FECHA / HORA] | | <input type="radio"/> Destinatario Desconocido <input type="radio"/> No Hay Quien Reciba <input checked="" type="radio"/> Dirección Incorrecta <input type="radio"/> Falta información <input type="radio"/> Traslado <input type="radio"/> Desocupado <input type="radio"/> Rehusado <input type="radio"/> Otros | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DIRECCION ERRADA

18 NOV 2024

-REMITENTE-

| |
|---|
| Guia No. 2674793100925 |
| CERTIPOSTAL <small>Colombiana Internacional</small> |
| OFICINA MEDELLIN 900 151 122 - 2 CALLE 32EE # 80C 14 3438816/3438111 CERTIPOSTAL.COM INFO@CERTIPOSTAL.COM |
| Usuario: JMunoz.OpMedellin |

Impreso Por FivePostal (www.fivesoftcolombia.com) [Documento 24 Horas [Bog]]

*ODS: 21765700885go de Impresion: 472971