**ANEXOS 5 – NOMINA DE BENEFICIARIOS (PERSONAS CON DISCAPACIDAD)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **N°** | **Nombre Completo** | **Cédula de identidad** | **Fecha de nacimiento** | **Domicilio particular** | **Telefono** | **Número de credencial de discapacidad (sólo en caso de que la tenga)** | **Ayuda técnica requerida** |
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