Marque con una X si su inscripción es para:

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| Comité Paritario de seguridad y salud en el trabajo COPASST |  | Comité de Convivencia Laboral CCL |  |

Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **1** | **NOMBRES Y APELLIDOS** | **NO. CÉDULA** | **FIRMA** |
| **Principal** |  |  |  |
| **Suplente** |  |  |  |

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| **2** | **NOMBRES Y APELLIDOS** | **NO. CÉDULA** | **FIRMA** |
| **Principal** |  |  |  |
| **Suplente** |  |  |  |

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| **3** | **NOMBRES Y APELLIDOS** | **NO. CÉDULA** | **FIRMA** |
| **Principal** |  |  |  |
| **Suplente** |  |  |  |

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| **4** | **NOMBRES Y APELLIDOS** | **NO. CÉDULA** | **FIRMA** |
| **Principal** |  |  |  |
| **Suplente** |  |  |  |