

**Federal Commission for the protection against Sanitary Risks**

Format homoclave  
FF-COFERPRIS-02

Number of RUPA

Exclusive use of **COFERPRIS**

Number of Entry  
173300507B0632

Before completing this form, carefully read the instructions, the guide and the list of attached documents.

Fill with legible or machine or computer type letters.

The format will not be valid if it shows erasures or amendments in the information.

1. Homoclave, name and procedures

Homecalve: <b>COFEPRIS -05-007-B</b>	Name: <b>Notice of Modification or cancellation of the notice of operation and / or Health manager of establishment of health supplies.</b>
Modality: <b>Modality B.- Warehouse storage and / or distribution of medical devices or herbal remedies or uncontrolled medications or raw material for uncontrolled medications.</b>	

2. Datos del propietario

<b>Physical Person</b>	<b>Moral person</b>
RFC:	RFC:
CURP:	Denomination or social reason:
Name:	
First Name:	Legal representative or attorney requesting the procedure

Last Name:	RFC: <b>GUHD640211NX3</b>
Lada:	CURP: <b>GUHD640211MDFRVL03</b>
Telephone:	Name(s): <b>Dulce Maria de Lourdes</b>
Extension	First name: <b>Gurria</b>
E - Mail:	Last Name: <b>Havaux</b>
	Lada: <b>01 55</b>
	Telephone:
	Extension:
	E - Mail:

Owner's tax address

Postal code: <b>03310</b>	Locality:
Type and name of road:	Municipality or mayor: <b>Benito Juarez</b>
Outdoor Number:	Federal entity: <b>Cuidad de Mexico</b>
Indoor Number:	Lada: <b>01 55</b>
Type or name of the colony or human settlement: <b>Colonia Santa Cruz Atoyac</b>	

In accordance with articles 4 and 69 - M, fraction V of the Federal Law of Administrative Procedure, the forms to request procedures and services must be published in the Official Gazette of the Federation (DOF)

6. Data of the new or modified product or service

In case of high or low products use both columns (one product per column)

In case of modifying the product data, the first column to record the current data and the second column for the data already modified.

Product or Service	Product of Service
--------------------	--------------------

<p>1. Only fill out this section in case of product</p> <p>New</p> <p>To modify</p> <p>Low</p>	<p>1. Only fill out this section in case of product</p> <p>New</p> <p>To modify</p> <p>Low</p>
<p>2. Enter the category of the product or service according to table "B"</p>	<p>2. Enter the category of the product or service according to table "B"</p>
<p>Category:</p> <p><b>Supplies for health</b></p>	<p>Category:</p>
<p>Group:</p> <p><b>medical devices</b></p>	<p>Group:</p>
<p>Subgroup:</p> <p><b>Medical equipment prosthetics, orthotics, and functional aids diagnostic agents surgical and healing materials hygienic products supplies for dental use</b></p>	<p>Subgroup:</p>
<p>3. Generic and specific name of the product or service:</p>	<p>3. Generic and specific name of the product or service:</p>
<p>4. Trademark of the product:</p>	<p>4. Trademark of the product:</p>

5. If you assemble this product, select and write the details of the company to which you assemble.	5. If you assemble this product, select and write the details of the company to which you assemble.
<b>Physical person</b>	<b>Physical person</b>
RFC:	RFC:
CURP:	CURP:
Name(s):	Name(s):
First name:	First name:
Last name:	Last name:
Lada:	Lada:
Phone Number:	Phone Number:
Extension:	Extension:
E - Mail:	E - Mail:
<b>Physical Person</b>	<b>Physical Person</b>
RFC:	RFC:
Denomination or social reason:	Denomination or social reason: