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| **Los campos marcados con ( \* ) asterisco son obligatorios.** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **I.- Datos del responsable de la cuenta.** | | | | | | | | | | | | | | | \*Tipo de Solicitud. | | | **Alta – ( )** | | | **Baja – ( )** | | | | | | **Cambio – ( )** | | | \*Perfiles de Acceso. | | |  | | | | | | | | | | | | \*Programas y Componentes. | | |  | | | | | | | | | | | | \*Unidad Responsable. | | |  | | | | | | | | | | | | \*Instancia Ejecutora. | | |  | | | | | | | | | | | | Ventanilla:  (Llenar en caso de Perfil de CAPTURA) | | |  | | | | | | | | | | | | \*Entidad Federativa: | | |  | | | | | | | | | | | | \*Grado de Estudios: | | |  | | | | | | | | | | | | \*Apellido Paterno: | | |  | | | | | | | | | | | | \*Apellido Materno: | | |  | | | | | | | | | | | | \*Nombre(s): | | |  | | | | | | | | | | | | \*Institución: | | |  | | | | | | | | | | | | \*Cargo: | | |  | | | | | | | | | | | | \*CURP: | | |  | | | | | RFC: (con homoclave) | | |  | | | | \*Correo Electrónico: | | |  | | | | | | | | | | | | Teléfono: | | |  | | | | | | Extensión: | | |  | | | Unidad Administrativa: | | | (Aplica únicamente para el perfil de Unidad Responsable) | | | | | | | | | | | | **II.- Datos de ubicación de oficina o área de Trabajo.** | | | | | | | | | | | | | | | \*Tipo de asentamiento humano: | | | | Colonia-( ) Fraccionamiento-( ) Manzana-( ) Pueblo-( ) Rancho-( )  Granja-( ) Ejido-( ) Hacienda-( ) Otro-( ) *Norma INEGI* | | | | | | | | | | | \*Nombre del asentamiento humano: | | | |  | | | | | | | | | | | \*Tipo de vialidad: | | | | Avenida-( ) Boulevard-( ) Calle-( ) Callejón-( ) Calzada-( ) Periférico-( )  Privada-( ) Carretera-( ) Camino-( ) Otro-( ) *Norma INEGI* | | | | | | | | | | | \*Nombre de vialidad: | |  | | | | | | | | | | | | | Número exterior 1: | |  | | Número exterior 2: | |  | Número interior: | | |  | | \*Código Postal: |  | | Referencia 1 (entre vialidades): | | | |  | | | | | | | | | | | Referencia 2 (vialidad posterior): | | | |  | | | | | | | | | | | \*Referencia 3 (Descripción de ubicación): | | | |  | | | | | | | | | | | \*Entidad: |  | | | \*Municipio: |  | | | | \*Localidad: | | |  | | | **III.- Datos del jefe inmediato o responsable de la cuenta. (Secretaría de AGRICULTURA)** | | | | | | | | | | | | | | | \*Apellido Paterno: | | |  | | | | | | | | | | | | \*Apellido Materno: | | |  | | | | | | | | | | | | \*Nombre(s): | | |  | | | | | | | | | | | | \*Cargo: | | |  | | | | | | | | | | | | \*Correo Electrónico: | | |  | | | | | | | | | | | | Teléfono: | | |  | | | | | | Extensión: | | |  | | |

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**Autorizo clave de acceso**

Firma jefe inmediato

**Para uso de la clave de acceso personal.**

1. Cualquier cambio que deba realizar en la base de datos relacional del SURI., debe estar debidamente respaldado con el documento soporte y autorizado por la Máxima Autoridad Titular responsable de la dirección y conducción de los programas ingresados en el Sistema.
2. La clave que me ha sido proporcionada es única e intransferible y el mal uso que haga ella será bajo mi estricta responsabilidad.
3. En caso de que sean detectados accesos irregulares con la clave que me ha sido proporcionada, ésta será suspendida hasta que se realicen las aclaraciones correspondientes.
4. Entiendo que pasados 6 meses sin utilizar la cuenta de acceso que me asigne, ésta será dada de baja de forma automática.
5. En caso de renuncia o cese; profesionalmente entregare la clave de acceso y estado que guarden los asuntos con relación al SURI, a mi superior jerárquico.
6. Mantendré informado y al tanto del estatus que guardan los datos y asuntos dentro del sistema a mi inmediato superiores o cuando se me requiera por jerárquicos superiores.
7. Propondré las mejoras al sistema con pro actividad y fundamento, sin intención de beneficio personal o de tercero en particular y sin contravenir lo dispuesto por Ley y la Norma.

**(El usuario / propietario de la cuenta deberá llenar a mano y con letra de molde la siguiente información)**

|  |  |
| --- | --- |
| Nombre completo de usuario: |  |
| Entidad Federativa: |  |
| Dependencia: |  |
| Cargo: |  |
| Lugar y Fecha: |  |

**ACEPTO**

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Firma del usuario

Responsable de la clave de acceso