

## Federal Commission for the Protection against Sanitary Risks

## Committee Registration Request

|                         |
|-------------------------|
| Homoclave of the format |
| FF-COFEPRIS-09          |
| RUPA number             |
|                         |

Exclusive use of COFEPRIS

|                  |
|------------------|
| Admission number |
|                  |

Before filling out this form, carefully read the instructions and the list of attached documents.  
Fill out with legible print or type or computer.  
The format will not be valid if it contains any deletions or corrections to the information.

## 1. Homoclave, name and modality of the procedure

|            |       |
|------------|-------|
| Homoclave: | Name: |
| Mode:      |       |

## 2. Owner's data

| Natural person   |
|------------------|
| RFC:             |
| CURP (optional): |
| Name(s):         |
| First surname:   |
| Second surname:  |
| Pepper:          |
| Telephone:       |
| Extension:       |
| Email:           |

| Legal entity  |
|---|
| RFC:  |
| Name or corporate name:                                   |
|   |
| Legal representative or attorney requesting the procedure |
| RFC:  |
| CURP (optional):  |
| Name(s):  |
| First surname:  |
| Second surname:   |
| Pepper:   |
| Telephone:  |
| Extension:  |
| Email:  |

## Tax domicile of the owner

|   |               |
|---|---------------|
| Postal code:  |               |
| Type and name of road:  |               |
| (For example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)      |               |
| Exterior number:  | Inner number: |
| Type and name of the colony or human settlement:  |               |
| (Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.) |               |

|                                   |
|-----------------------------------|
| Locality:                         |
| Municipality or mayor's office:   |
| Federative Entity:                |
| Between roads (type and name):    |
| And road (type and name):         |
| Subsequent roads (type and name): |
| Pepper:                           |
| Telephone:                        |
| Extension:                        |

**"In accordance with articles 4 and 69-M, section 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)"**

## Contact:

Oklahoma Street No. 14, Naples neighborhood;  
Benito Juarez Delegation, Mexico City,  
C.P. 03810.  
Telephone 01-800-033-5050  
contacto@cofepris.gob.mx

## Federal Commission for the Protection against Sanitary Risks

## 3. Establishment data

|      |                         |
|------|-------------------------|
| RFC: | Name or corporate name: |
|------|-------------------------|

## Address of the establishment

|   |                                   |
|---|-----------------------------------|
| Postal code:  | Locality:                         |
| Type and name of road:  | Municipality or mayor's office:   |
| (For example: Avenue, boulevard, street, highway, road, private, dirt road, among others)       | Federative Entity:                |
| Exterior number:  | Inner number:                     |
| Type and name of the colony or human settlement:  | Between roads (type and name):    |
| (Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.) | And road (type and name):         |
|   | Subsequent roads (type and name): |
|   | Pepper:                           |
|   | Telephone:                        |
|   | Extension:                        |

## 4. New committee members to be modified or removed

|   |
|---|
| Committee registration number to be modified or cancelled:  |
| <input type="radio"/> Appointment of members <input type="radio"/> Resignation of members <input type="radio"/> Replacement of members <input type="radio"/> Change of address of the establishment |

## 4.A Committee Chairman

In case of appointment or resignation of the committee chair, use the first column.

If you want to modify the details of the committee president, use the column to record the current details and the second column for the details that have already been modified.

| First column   | Second column   |
|--|---|
| Only fill out this section in case of:   | Only fill out this section in case of:                        |
| <input type="radio"/> Designation <input type="radio"/> To be modified <input type="radio"/> Resignation | <input type="radio"/> Already modified                        |
| RFC:   | RFC:  |
| CURP (optional):   | CURP (optional):  |
| Name(s):   | Name(s):  |
| First surname:   | First surname:  |
| Second surname:  | Second surname:   |
| Pepper:  | Pepper:   |
| Telephone:   | Telephone:  |
| Extension:   | Extension:  |
| Email:   | Email:  |
| Profession:  | Profession:   |
| Scientific <input type="radio"/> Yes <input type="radio"/> No  | Scientific <input type="radio"/> Yes <input type="radio"/> No |

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## Federal Commission for the Protection against Sanitary Risks

## 4.B Committee Secretary

In case of appointment or resignation of the committee secretary, use the first column.

If you want to modify the committee secretary's data, use the column to record the current data and the second column for the data that has already been modified.

| First column   |
|--|
| Only fill out this section in case of:<br><input type="radio"/> Designation <input type="radio"/> To be modified <input type="radio"/> Resignation |
| RFC:   |
| CURP (optional):   |
| Name(s):   |
| First surname:   |
| Second surname:  |
| Pepper:  |
| Telephone:   |
| Extension:   |
| Email:   |
| Profession:  |
| Scientific <input type="radio"/> Yeah <input type="radio"/> No   |

| Second column  |
|--|
| Only fill out this section in case of:<br><input type="radio"/> Already modified |
| RFC:   |
| CURP (optional):   |
| Name(s):   |
| First surname:   |
| Second surname:  |
| Pepper:  |
| Telephone:   |
| Extension:   |
| Email:   |
| Profession:  |
| Scientific <input type="radio"/> Yeah <input type="radio"/> No                   |

## 4.C Committee members

In case of appointment or resignation of the committee member(s), use the first and second columns.

If you want to modify the data of the committee member(s), use the column to write down the current data and the second column for the data that has already been modified.

| First column   |
|--|
| Only fill out this section in case of:<br><input type="radio"/> Designation <input type="radio"/> To be modified <input type="radio"/> Resignation |
| RFC:   |
| CURP (optional):   |
| Name(s):   |
| First surname:   |
| Second surname:  |
| Pepper:  |
| Telephone:   |
| Extension:   |
| Email:   |
| Profession:  |
| Scientific <input type="radio"/> Yeah <input type="radio"/> No   |
| <input type="radio"/> Internal <input type="radio"/> External  |
| Institution:   |

| Second column  |
|--|
| Only fill out this section in case of:<br><input type="radio"/> Designation <input type="radio"/> Already modified <input type="radio"/> Resignation |
| RFC:   |
| CURP (optional):   |
| Name(s):   |
| First surname:   |
| Second surname:  |
| Pepper:  |
| Telephone:   |
| Extension:   |
| Email:   |
| Profession:  |
| Scientific <input type="radio"/> Yeah <input type="radio"/> No   |
| <input type="radio"/> Internal <input type="radio"/> External  |
| Institution:   |

If you require more vowels, you can reproduce this box as many times as necessary.

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## 4.D Users of health services and/or members of civil society who are members of the committee:

In case of appointment or resignation of the committee member(s), use the first and second columns.

If you need to modify the data of the committee member(s), use the column to write down the current data and the second column for the data that has already been modified.

| First column   |
|--|
| Only fill out this section in case of:<br><input type="radio"/> Designation <input type="radio"/> To be modified <input type="radio"/> Resignation |
| RFC:   |
| CURP (optional):   |
| Name(s):   |
| First surname:   |
| Second surname:  |
| Pepper:  |
| Telephone:   |
| Extension:   |
| Email:   |
| Function it performs:<br><input type="radio"/> Health services <input type="radio"/> Civil society   |

| Second column  |
|--|
| Only fill out this section in case of:<br><input type="radio"/> Designation <input type="radio"/> Already modified <input type="radio"/> Resignation |
| RFC:   |
| CURP (optional):   |
| Name(s):   |
| First surname:   |
| Second surname:  |
| Pepper:  |
| Telephone:   |
| Extension:   |
| Email:   |
| Function it performs:<br><input type="radio"/> Health services <input type="radio"/> Civil society   |

If you need to enter more user data, you can reproduce this box as many times as necessary.

## 4.E Change of address

| Type of modification                                  | Dice  | Must say  |
|---|---|---|
| <input type="checkbox"/> Address of the establishment | Postal code:  | Postal code:  |
|   | Type and name of road:<br><br>(For example: Avenue, boulevard, street, highway, road, private, dirt road, among others)                                 | Type and name of road:<br><br>(For example: Avenue, boulevard, street, highway, road, private, dirt road, among others)                                 |
|   | Exterior number:  | Inner number:   |
|   | Exterior number:  | Inner number:   |
|   | Type and name of the colony or human settlement:<br><br>(Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.) | Type and name of the colony or human settlement:<br><br>(Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.) |
|   | Locality:   | Locality:   |
|   | Municipality or mayor's office:   | Municipality or mayor's office:   |
|   | Federative Entity:  | Federative Entity:  |
|   | Between roads (type and name):  | Between roads (type and name):  |
|   | And road (type and name):   | And road (type and name):   |
|   | Subsequent roads (type and name):   | Subsequent roads (type and name):   |
|   | Pepper:   | Pepper:   |
|   | Telephone:  | Telephone:  |
|   | Extension:  | Extension:  |

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5. Reporting

Chairman of the committee presenting the annual report

|                  |
|------------------|
| RFC:             |
| CURP (optional): |
| Name(s):         |
| First surname:   |
| Second surname:  |
| Pepper:          |
| Telephone:       |
| Extension:       |
| Email:           |

Autograph signature of the Chairman of the Committee presenting the Report Annual:

I declare under protest that I comply with the applicable requirements and regulations, without exempting me from having to verify compliance by the health authority, this without prejudice to the sanctions that I may incur for false statements given to an authority. And I accept that notification of this procedure be made through the Comprehensive Service Center or offices in the states corresponding to the Federal Health System.

(Article 35, section II of the Federal Law of Administrative Procedure)

The data or attachments may contain confidential information, do you agree to make them public?

Yeah

No

Full name and autograph signature of the head of the institution or establishment

Place

Date

|    |         |
|----|---------|
| /  | /       |
| DD | MM AAAA |

For any clarification, doubt and/or comment regarding this procedure, please call the COFEPRIS Telephone Service Center in Mexico City or anywhere in the country, dial toll-free **01-800-033-5050**, and if you require the entry number and/or tracking of your procedure sent to the Foreign Processing area, dial toll-free **01-800-420-4224**.

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