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CERTIFICADO DE APORTES AL SISTEMA DE PROTECCIÓN SOCIAL

Se certifica que **GONZALO RUIZ VARGAS**, identificada con **CC** número **80441136**, aportó por el empleado **GONZALO RUIZ VARGAS**, identificado(a) con **CC** número **80441136** por concepto de aportes obligatorios al sistema General de Seguridad Social, mediante tipo de planilla **I** número **8372751056** para el periodo de salud **2023-11** y pensiones **2023-11** de la siguiente forma.

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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El presente certificado se expide a los 14 días del mes Diciembre de 2023

Este documento esta clasificado como privado por parte de Compensar Operador de Información.