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| **Numer identyfikacyjny EP**  | **Pieczątka kancelarii** |
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**KANCELARYJNY NR WPŁYWU KOWR......................………………………………**

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| **1. Dane Przedsiębiorcy:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.1 Nazwa lub imię i nazwisko Przedsiębiorcy** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.2 NIP**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.3 REGON**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.4 KRS** |  |  |  |  |  |  |  |  |  |  | (numer w rejestrze przedsiębiorców w Krajowym Rejestrze Sądowym, o ile został nadany) |
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| **1.5 Adres Przedsiębiorcy (ulica, nr domu/mieszkania, kod pocztowy, miejscowość)** |
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| **1.6 Adres do korespondencji (wpisać, jeżeli jest inny niż w ppkt 1.5)** |
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| **2. Dane chłodni:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.1 Nazwa chłodni** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **2.2 Adres chłodni (ulica, nr domu, kod pocztowy, miejscowość, województwo)** |
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| **3. Dane dotyczące umowy na dopłaty do prywatnego przechowywania wieprzowiny, zawartej z KOWR:** |
| **3.1 Nr umowy** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.2 Data zawarcia**  |  |  | **-** |  |  | **-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3.3 Nazwa produktu**  |  |
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| **3.4 Kod CN:** |  |  | **ex**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **L.p.** | **Nr partii** | **Data wprowadzenia do chłodni** | **Nr PZ lub MM** | **Liczba tusz/półtusz elementów/ opakowań zbiorczych[[1]](#footnote-1)** **(szt.)** | **Masa netto tusz/półtusz/ elementów/ opakowań zbiorczych1 w dniu wprowadzenia do chłodni (kg)** | **Data wycofania z mechanizmu** | **Liczba tusz/półtusz/ elementów/ opakowań zbiorczych1****(szt.)** | **Masa netto tusz/półtusz/ elementów/ opakowań zbiorczych1** **w dniu wycofania wg.** **WZ lub MM (kg)** | **Nr WZ lub MM** |
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|  |  |  | **Łącznie** |  |  |  |  |  |  |

**3.5 Zestawienie przechowywanych partii:**

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| **4. W załączeniu potwierdzone za zgodność z oryginałem kserokopie dokumentów WZ / MM −** |  | **szt.** |  |

**W związku z zakończeniem okresu przechowywania wnioskuję/-my o wypłatę należnej dopłaty w ramach ww. umowy.**

**Nazwiska i imiona osób uprawnionych do reprezentowania Przedsiębiorcy (zgodnie z KRS lub CEiDG/ innym stosownym rejestrem lub pełnomocnictwem)**

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| **Data** |  |  | **-** |  |  | **-** |  |  |  |  |

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| **Pieczątki i podpisy** |

1. **Niepotrzebne skreślić** [↑](#footnote-ref-1)