## KANCELARYJNY NR WPŁYWU KOWR......................………………………………

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| **Część A wypełnia przedsiębiorca** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Dane podmiotu zlecającego:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1. Proszę wpisać krzyżyk, jeśli formularz składany jest przez osobę fizyczną** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2. Nazwa lub nazwisko przedsiębiorcy** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3. Imię w przypadku osoby fizycznej** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **4. Adres przedsiębiorcy (ulica, nr domu, mieszkania, miejscowość, kod pocztowy)** |
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| **5.Proszę zwrócić zabezpieczenia zgodnie z parametrami podanymi poniżej:** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6. Tytuł zwrotu** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **7.Gotówka** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **8.Kwota do zwrotu** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **P** | **L** | **N** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **9.Numer rachunku bankowego[[1]](#footnote-1)** |  |  | **-** |  |  | **-** |  |  |  |  |  |  |  |  | **-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **10.Gwarancja** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **11.Kwota gwarancji** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **12.Numer gwarancji** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **13. Czy złożono wniosek o zmianę formy zabezpieczenia?[[2]](#footnote-2)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **14.Data** |  |  | **-** |  |  | **-** |  |  |  |  |  |  | **Pieczęć i podpis****zleceniodawcy** |  |  |  |  |  |  |  |  |
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| **Część B wypełnia Wydział Finansowy i Zabezpieczeń** |  |  |  |  |  |  |  | **Data** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **Odmowa zwrotu zabezpieczenia**  |  |  |  |  |  |  |  | **Akceptacja wniosku o zwrot zabezpieczenia** |
| **Przyczyny odmowy:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Sporządził:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Zatwierdził:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **Pierwsze dwie kratki należy wypełnić w przypadku rachunków bankowych w bankach zagranicznych (tj. poza terytorium Rzeczpospolitej Polskiej).** [↑](#footnote-ref-1)
2. **Proszę wypełnić w przypadku, gdy zwrot ma dotyczyć zabezpieczenia zwalnianego na skutek realizacji wniosku o zmianę formy zabezpieczenia.**

**\*Wpisać właściwy numer** [↑](#footnote-ref-2)