Minister Finansów

ul. Świętokrzyska 12

00-916 Warszawa

WNIOSEK

O WYDANIE DUPLIKATU CERTYFIKATU KSIĘGOWEGO

*numer certyfikatu:*

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*nazwisko:*

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*nazwisko na certyfikacie:*

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*data urodzenia:*

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*miejsce urodzenia:*

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*adres do korespondencji:*

*ulica*

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*nr domu:*

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*nr mieszkania:*

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*miejscowość:*

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Oświadczam, iż utraciłam/em oryginał certyfikatu księgowego.

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*miejscowość data własnoręczny podpis*