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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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| **a) Nazwa lub imię i nazwisko Przedsiębiorcy** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **b) NIP**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **c) REGON**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **d) KRS** |  |  |  |  |  |  |  |  |  |  |
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| **e) Adres Przedsiębiorcy (ulica, nr domu, miejscowość, kod pocztowy)** |
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| **f) Adres do korespondencji (wpisać, jeżeli jest inny niż w ppkt e)** |
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| **2. Dane chłodni:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **a) Nazwa chłodni** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **b) Adres chłodni (ulica, nr domu, miejscowość, kod pocztowy, województwo)** |
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| **3. Dane dotyczące umowy na dopłaty do prywatnego przechowywania wołowiny, zawartej z KOWR:** |
| **a) Nr umowy** |  |
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| **b) Data zawarcia**  |  |  | **-** |  |  | **-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **c) Nazwa produktu**  | **Rozdzielone ćwierćtusze tylne** |
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| **d) Kod CN:** |  |  | **ex 0201 20 50** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **e) produkt przechowywany w formie odkostnionej\*:** |  |  | **TAK** |  |  |  |  | **NIE** |  |  |  |  |  |  |  |  |  |  |  |
| *\* - wstawić znak „X” we właściwe pole* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**f) Zestawienie przechowywanych partii:**

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| **L.p.** | **Nr partii** | **Data wprowadzenia do chłodni** | **Nr PZ lub MM** | **Liczba ćwierćtusz (szt.)** | **Masa netto ćwierćtuszw dniu wprowadzenia do chłodni (kg)** | **Data wycofania z mechanizmu** | **Liczba ćwierćtusz (szt.)** | **Masa netto ćwierćtusz w dniu wycofania wg. WZ lub MM (kg)** | **Nr WZ lub MM** |
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|  |  |  | **Łącznie** |  |  |  |  |  |  |

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| **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** |