K-1.1/194

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| **CZĘŚĆ C1. I** |  |  | **CZĘŚĆ C1. III** |  |  |

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| **Zakres wymaganych uzupełnień/wyjaśnień:** | | | | | | | | | | | | | | | |
|  | | |  | | ***Weryfikacja po uzupełnieniach/wyjaśnieniach*** | | | | | | | | | | |
|  | | |  | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  | | **Weryfikujący** | | | | |  | **Sprawdzający** | | | | |
|  |  | |  | | **TAK** |  | **NIE** |  | **DO UZUP** |  | **TAK** |  | **NIE** |  | **DO UZUP** |
| 1. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 2. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 3. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 4. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 5. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 6. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 7. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 8. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 9. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 10. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 11. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 12. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 13. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 14. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 15. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 16. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| 17. | …………………………………………….………………………………… | | | |  |  |  |  |  |  |  |  |  |  |  |
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| ***Zweryfikował*:** | | | | |  | | | | | | | | | |  |
| **Zakres uzupełnień/wyjaśnień** | | | | |  |  |  |  |  |  |  |  |  |  |  |
| *Imię i nazwisko Weryfikującego* | | | |  | ………………………………………………..… | | | | | | | | | | |
| *Data i podpis* | | | | | …../…../20…. | | | |  |  | | | | | |
| **Weryfikacja otrzymanych uzupełnień/wyjaśnień** | | | | |  |  |  |  |  |  |  |  |  |  |  |
| *Imię i nazwisko Weryfikującego* | | | |  | ………………………………………………..… | | | | | | | | | | |
| *Data i podpis* | | | | | …../…../20…. | | | |  |  | | | | | |
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| ***Sprawdził:*** | | | | |  | | | | | | | | | |  |
| **Zakres uzupełnień/wyjaśnień** | | | | |  |  |  |  |  |  |  |  |  |  |  |
| *Imię i nazwisko Sprawdzającego* | | | | | ………………………………………………..… | | | | | | | | | | |
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| *Data i podpis* | | | | | …../…../20…. | | | |  |  | | | | | |
| **Weryfikacja otrzymanych uzupełnień/wyjaśnień** | | | | |  |  |  |  |  |  |  |  |  |  |  |
| *Imię i nazwisko Sprawdzającego* | | | |  | ………………………………………………..… | | | | | | | | | | |
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| *Data i podpis* | | | | | …../…../20…. | | | |  |  | | | | | |