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| PAPIER FIRMOWY TUZ NOWE LOGO RADOM góra | **ZAŁĄCZNIK NR 2 DO WNIOSKU O ZAWARCIE UBEZPIECZENIA PAKIET BEZPIECZNY SPÓŁDZIELCA PLUS** |
|  | ZAŁĄCZNIK STANOWI INTEGRALNĄ CZĘŚĆ POLISY SERIA |  |  | NR |  |  |
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| **DANE UBEZPIECZAJĄCEGO/UBEZPIECZAJĄCEGO** |

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| Adres siedziby |  |
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| **WYKAZ IMIENNY PRACOWNIKÓW (UBEZPIECZONYCH) ZGŁOSZONYCH DO UBEZPIECZENIA NNW**  |

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| Lp. | IMIĘ I NAZWISKO | PESEL |
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| miejscowość, data |  |  |  | Czytelny podpis osoby reprezentującej Ubezpieczającego |