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| **L.p.** | **Imię, Nazwisko** | **PESEL** | **Zakład pracy** | **Dane teleadresowe zakładu, mail** | **uwagi** |
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Zgłaszamy powyższych pracowników na szkolenia realizowane przez PW KABO Kazimierz Boguski

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 Pieczęć zakładu pracy . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

 Pieczęć i podpis osoby zgłaszającej