# Załącznik 2 – Formularz wniosku o unieważnienie certyfikatu użytkownika w Systemie Dozoru Elektronicznego

**Dane identyfikujące użytkownika (osoby wnioskującej):**

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| Imię:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwisko:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Identyfikator konta SDE użytkownika\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nazwa instytucji  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Dane identyfikujące Inspektora Rejestracji:**

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| Imię:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwisko:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nazwa instytucji  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Uwagi: |
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| Data i podpis: |
| Osoby wnioskującej: | Inspektora Rejestracji: |
| Data i podpis | Data i podpis |
| **Wypełnia Operator Centrum Certyfikacji:**Data wpłynięcia wniosku: Data realizacji wniosku  |
| Informacje o zrealizowanym wniosku:    Data, podpis i stempel uprawnionej osoby |

\* Właściwe zakreślić