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| *(Imię i Nazwisko, adres, seria i numer dokumentu tożsamości)* | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | |
|  | **Oświadczenie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **właściciela lub współwłaściciela nieruchomości, że wyraża on zgodę na realizację operacji bezpośrednio związanej z nieruchomością, jeżeli operacja realizowana jest na nieruchomości będącej w posiadaniu zależnym, lub będącej przedmiotem współwłasności.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Będąc właścicielem/współwłaścicielem\* nieruchomości zlokalizowanej | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | *(adres nieruchomości i nr działki/działek)* | | | | | | | | | | | | |  |
| oświadczam, iż wyrażam zgodę na realizację przez: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |
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| *(Imię i Nazwisko Grantobiorcy, adres, seria i numer dokumentu tożsamości)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| operacji bezpośrednio związanej z ww. nieruchomością polegającej na: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *(zakres operacji)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Jednocześnie wyrażam zgodę na utrzymanie przedmiotowej operacji do dnia upływu 5 lat od dnia przyznania pomocy przez ARiMR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *(miejscowość i data)* | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  | *(podpis właściciela/współwłaściciela nieruchomości)* | | | | | | | | | | |
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| \* *niepotrzebne skreślić* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |