# OŚWIADCZENIE ODBIORCY KOŃCOWEGO ENERGII ELEKTRYCZNEJ

**Instrukcja wypełniania**

1. Wypełnić WIELKIMI LITERAMI.
2. Pola oznaczone symbolem (\*) są obowiązkowe.
3. W informacji o punktach poboru energii elektrycznej (PPE) albo liczniku energii elektrycznej należy wpisać numer lub numery PPE z ostatnio otrzymanej faktury, a w przypadku braku PPE numer licznika energii elektrycznej.

**Dane identyfikacyjne odbiorcy końcowego NAZWA\***

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**(ULICA I NUMER DOMU LUB LOKALU)**

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**(MIASTO ORAZ KOD POCZTOWY)**

**NIP LUB PESEL**

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**Dane identyfikacyjne**

**i kontaktowe odbiorcy końcowego albo osoby uprawnionej do reprezentowania tego odbiorcy końcowego**

**IMIĘ\* NAZWISKO\***

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**RODZAJ DOKUMENTU**

**TOŻSAMOŚCI\*** Wpisz „1” jeśli dowód osobisty albo „2” jeśli paszport

**SERIA I NUMER DOKUMENTU\***

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**TELEFON LUB E-MAIL**

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**Informacja o punktach poboru energii elektrycznej (PPE) albo numerze licznika energii elektrycznej\***

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| **Lp.** |  | **NUMER PPE ALBO NUMER LICZNIKA ENERGII ELEKTRYCZNEJ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **13.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **14.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **15.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **16.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **17.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **18.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **19.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **20.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## \* W przypadku większej niż 20 liczby PPE należy dołączyć dodatkową tabelę.

**Oświadczenia**

1. Oświadczam, że wskazany wyżej odbiorca końcowy jest:
   1. mikroprzedsiębiorcą albo małym przedsiębiorcą, w rozumieniu art. 7 ust. 1 pkt 1 i 2 ustawy z dnia 6 marca 2018 r. – Prawo przedsiębiorców, albo
   2. szpitalem w rozumieniu art. 2 ust. 1 pkt 9 ustawy z dnia 15 kwietnia 2011 r. o działalności leczniczej, albo
   3. jednostką sektora finansów publicznych w rozumieniu przepisów ustawy z dnia 27 sierpnia 2009 r. o finansach publicznych, albo
   4. inną, niż określona w lit. c, państwową jednostką organizacyjną nieposiadającą osobowości prawnej.
2. Jestem świadomy odpowiedzialności karnej za złożenie fałszywego oświadczenia, wynikającej z art. 233 § 6 ustawy z dnia 6 czerwca 1997 r. – Kodeks karny.

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(PODPIS)