**Załącznik nr 4 do OWU**

**

**CBOK**

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 **Zgłoszenie/odwołanie Przewoźnika**

*UWAGA: Pola w rubrykach należy wypełniać czytelnie* ***pismem drukowanym, wielkimi literami****.*

**1. Nr SAP Klienta**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| zgłoszenie  |   | odwołanie |   |    |   |   |   |   |   |   |   |   |   |   |

**2. Nazwa Klienta**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**3. Numer NIP Klienta**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |   |   |   |   |   |   |

**4. Nazwa Przewoźnika** **5. Telefon do Przewoźnika**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |

**6. Numer NIP Przewoźnika**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- |
| **7. Lista kierowców\*** |   | **wszyscy**  |   |
| **L.p.** | **NAZWISKO** | **IMIĘ** | **Numer dowodu osobistego** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Lista pojazdów\*** |   | **wszyscy** |   |
| **L.p.** | **Nr rejestracyjny pojazdu** | **Typ pojazdu\*\*** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

**\*- w przypadku dłuższej listy należy wymienić w załączniku**

**\*\* - C-ciągnik**

 **N- naczepa**

 **A-autocysterna**

 **P-przyczepa**

……………….. ……………………………………………………….

**Data** **Firma** (pieczątka i czytelny podpis osoby upoważnionej)