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|  |  |  |
| The name of the institution, including the name of the legal entity |  | Institution registration number |

**LIST OF PERSONNEL (IN THE FIELD OF COMPLIANCE ASSESSMENT)1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No. pk** | **Name and surname** | **Position** | **Education**(educational institution, acquired specialty/qualification) | **Work experience in the field** (time in years) | **Authorization**(for a specific method in the scope of accreditation) | **Notes** |
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1 LATAK accepts the Institution's list if it contains the information contained in this form.

The document was prepared by:

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|  |  |  |  |  |
| Position to be held, name, surname |  | The date |  | Signature |

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