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| **Betrieb Name:** |  |  |
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| **bi Nr. Zulieferer** | **Zulieferer Name** | **Adresse** | **PLZ** | **Ort** |
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| Datum: |  | Stempel und Unterschrift Weinverarbeiter: |
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**Weinkeller:** Kopie an Delinat senden

**Kontrollstelle:** Kopie an bio.inspecta senden