## Appendix 2 – Annual Program of Internal Audits

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No.	Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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[job title]

[first and last name]

[signature]

Appendix 2 – Annual Program of Internal Audits

ver [version] from [date]

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**Commented [14A3]:** The signature is needed only if the document is in paper form.

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