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Imię i nazwisko Miejscowość, data

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Adres zamieszkania

Podaję numer rachunku płatniczego w celu przekazywania przyznanych świadczeń:

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Podpis

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Imię i nazwisko Miejscowość, data

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Adres zamieszkania

Podaję numer rachunku płatniczego w celu przekazywania przyznanych świadczeń:

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Podpis