в ГКУ-УСЗН по г. Сковородино и Сковородинскому району

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от \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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дата рождения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

паспорт серии \_\_\_\_\_\_\_ № \_\_\_\_\_\_

выдан \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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адрес проживания \_\_\_\_\_\_\_\_\_\_\_\_\_

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номер тел.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ЗАЯВЛЕНИЕ**

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| Прошу осуществлять мне выплату мер социальной поддержки, ранее предоставляемых на карту платежной системы \_\_\_\_\_\_\_\_\_\_\_\_\_\_, на карту платежной системы «МИР» на счет №

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открытый в\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (наименование и номер филиала кредитного учреждения)ФИО\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Подпись\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Дата\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |