в ГКУ-УСЗН по Сковородинскому муниципальному округу

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |