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|  | **Okręgowa Rada Lekarska**  **w Opolu** |

**Wniosek**

**o przyznanie bezzwrotnego świadczenia w związku z urodzeniem dziecka**

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| 1. Imię: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 2. Nazwisko: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 3. Ulica: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 4. Nr mieszkania/nr lokalu: |  |  |  |  |  |  |  |  |  | Kod: |  |  |  | - |  |  |

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| 5. Miasto: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 6. Powiat: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 7. Województwo: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 8. Gmina: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

9. Identyfikator podatkowy (PESEL lub NIP)

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| PESEL: |  |  |  |  |  |  |  |  |  |  | NIP: |  |  |  |  |  |  |  |  |  |  |

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| 10. Telefon: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| 11. Nr konta: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. Data urodzenia dziecka: |  |  | - |  |  | - |  |  |  |  | r. |

13. Nazwa i adres właściwego Urzędu Skarbowego:

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Oświadczam, że powyższe dane złożyłem/łam zgodnie z prawdą.

data ……………………………………… podpis ……………………………………………

Informacja:

Kwota wypłaconej zapomogi ujęta zostanie w deklaracji PIT-8C, wystawionej po zakończeniu roku kalendarzowego, w którym nastąpiła wypłata świadczenia dla osoby będącej beneficjentem ww. zapomogi.

Załączniki:

1. Kopia/e aktu urodzenia dziecka lub dzieci.

Informacja z działu księgowości:

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|  | brak zaległości | podpis: ……………………………………………… |
|  | zaległości w kwocie |  |

Akceptacja: