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| **ГКУ "КЦСЗН" Забайкальского края ( ОСЗН)** | | | | | | | | | | | | | | | | | | | | | | | | |  |
| *(наименование отдела ГКУ "КЦСЗН" Забайкальского края)* | | | | | | | | | | | | | | | | | | | | | | | | |
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| Регистрационный номер\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ЗАЯВЛЕНИЕ (ИЗМЕНИЕ СПОСОБА ВЫПЛАТЫ)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Я, |  | | | | | | | | | | | | | | | | | | | | | | | |
| Паспорт: | | , серия № , выдан г. | | | | | | | | | | | | | | | | | | | | | | |
| зарегистрирован по адресу: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Телефон: | | | , 8- | | | | | | | | | | | | | | | | | | | | | |
| **Прошу изменить способ выплаты мер социальной поддержки:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Наименование банка\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
|  | \_\_\_\_\_\_\_\_/\_\_\_\_, номер лицевого счета | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Заявитель: Специалист:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Дата\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | | | | | | | | | | | | | | | | |
| Подпись\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | | | | | | | | | | | | | | | | | |
| Все поля необходимо заполнить в обязательном порядке.  В случае неполного или недостоверного заполнения заявление не будет рассмотрено. | | | | | | | | | | | | | | | | | | | | | | | | |