**Ф-01/ІК-63/11/39**

**Департамент соціальної політики Луцької міської ради \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

постраждалого внаслідок аварії на ЧАЕС \_\_\_ категорії, посвідчення серія \_\_\_\_\_\_ номер \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

видане Волинською облдержадміністрацією

від «\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_р.

Прізвище

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Ім’я

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По батькові

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Адреса

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Телефон

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Виплата через (банк/поштою)

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Рахунок

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Ідентифікаційний код

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**З А Я В А**

Прошу відшкодувати кошти за придбані лікарські засоби в сумі \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Надаю згоду на обробку моїх персональних даних виключно з метою відшкодування коштів за придбані лікарські засоби.

**Перелік документів, що додаються:**

1. Оригінал касового чека.
2. Оригінал рецепта № \_\_\_\_\_\_\_\_\_\_\_ від \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Дата Підпис

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| Заяву та документи на \_\_\_\_\_\_\_\_ аркушах прийнято «\_\_\_»\_\_\_\_\_\_\_\_\_ 20\_\_\_\_р. та зареєстровано в реєстрі під № \_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «Ознайомився»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (прізвище та підпис відповідальної особи) (підпис заявника, законного представника) |
| **Лінія відрізу** |
| Заяву та документи на \_\_\_\_\_\_\_\_ аркушах прийнято «\_\_\_»\_\_\_\_\_\_\_\_\_ 20\_\_\_\_р. та зареєстровано в реєстрі під № \_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «Ознайомився»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (прізвище та підпис відповідальної особи) (підпис заявника, законного представника) |