Sąlyginės pašalpos skyrimo ir

mokėjimo tvarkos aprašo

priedas

**(Prašymo forma)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ASMENS, KURIS KREIPIASI DĖL SĄLYGINĖS PAŠALPOS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vardas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Pavardė |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Asmens kodas |  |  |  |  |  |  |  |  |  |  |  |  |

*1Jei kreipiasi fizinio asmens atstovas, įrašomi atstovaujamojo duomenys.*

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

(savivaldybės (seniūnijos) pavadinimas)

PRAŠYMAS

**GAUTI SĄLYGINĘ PAŠALPĄ**

20\_\_\_\_ m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d.

Prašau skirti sąlyginę pašalpą nuo 20\_\_\_\_ m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d.

iki 20\_\_\_\_ m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d., kadangi nuo 20\_\_\_\_ m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d.

gydausi \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*priklausomybės ligų reabilitacijos ar* *psichologinės socialinės reabilitacijos* *įstaigos (toliau – gydymo įstaigos) pavadinimas*). Prašau man skirtą sąlyginę pašalpą pervesti į gydymo įstaigos banko sąskaitą

Mokėjimo ar kredito įstaigos (banko ar kt.) pavadinimas\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sąskaitos numeris (20 simbolių):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Pridedama:

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Pareiškėjas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parašas) (vardas ir pavardė)