Częstochowa, dnia .................................

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imię i nazwisko

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adres zamieszkania

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PESEL

Proszę o przekazywanie całości stypendium doktoranckiego na konto bankowe:

…………………………………………………………………………………………………..………………………………………………

nazwa banku i numer oddziału

………………………………………………………………………………………………….…………………………………………………

adres banku

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Pełny numer konta bankowego

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(podpis)