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)