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

......................................................................

imię i nazwisko

......................................................................

......................................................................

adres zamieszkania

......................................................................

PESEL

Proszę o przekazywanie całości stypendium doktoranckiego na konto bankowe:

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

nazwa banku i numer oddziału

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

adres banku

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

Pełny numer konta bankowego

.............................................

(podpis)