Załącznik nr 2c do Regulaminu

**Oświadczenie o numerze rachunku bankowego stażysty/stażystki**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Imiona** |  |  |  | |  | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | | |  | |  | | |  | |  | |
| **Nazwisko** |  |  |  | |  | |  | | |  | |  | |  | | |  | |  | |  | |  | |  | | |  | |  | |  | | |  | |  | | |  | |  | |
| **WYDZIAŁ/KIERUNEK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Nr albumu** | | | | | | | | | | | |
|  | | |  | |  | | |  | |  | |
| **Data urodzenia** | | | | **Numer identyfikacji podatkowej** | | | | | | | | | | | | | | | | | | | | | | **PESEL** | | | | | | | | | | | | | | | | | |
| **Imiona rodziców** | | | |  | |  | |  |  | |  | |  | |  |  | |  | |  |  |  | |  | |  |  | |  | |  | |  |  | |  | |  |  | |  | |  |
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**Adres zamieszkania**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Kraj | Województwo | Powiat | Gmina lub dzielnica | Ulica |
| Nr domu | Numer lokalu | Miejscowość | Kod pocztowy | Poczta |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Nr rachunku**

**Nazwa banku …………………………………………………………………………..**

Oświadczam, iż jestem właścicielem/osobą upoważnioną\* do w/w rachunku. Proszę o przekazywanie stypendium stażowe na w/w konto.

Wrocław, dnia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Podpis*

\*niepotrzebne skreślić