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(vārds, uzvārds)

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(personas kods)

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(deklarētā dzīves vietas adrese, pasta indekss)

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(e-pasts, kontakttālrunis)

**ĶEKAVAS NOVADA SOCIĀLAJAM DIENESTAM**

IESNIEGUMS

Lūdzu piešķirt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Iesniegumam pievienoju sekojošus dokumentus:

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Pabalstu lūdzu pārskaitīt uz manu kontu

kredītiestādē/pasta norēķinu sistēmā \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(kredītiestādes pilns nosaukums)

Konta Nr.

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*datums iesniedzēja paraksts\**

*\*fizisks paraksts nav nepieciešams ja iesniegums tiek parakstīts ar drošu elektronisko parakstu un satur laika zīmogu vai arī tiek iesniegts izmantojot portālu www.latvija.lv.*