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| ASMENS, KURIAM PRAŠOMA SKIRTI VIENKARTINĘ KOMPENSACIJĄ: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vardas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Pavardė |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Asmens kodas |  |  |  |  |  |  |  |  |  |  |  |  |

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| Deklaruota gyvenamoji vieta | Telefono Nr. |
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| Faktinė gyvenamoji vieta | |
|  | Telefono Nr. |

Kauno miesto savivaldybės administracijos

Socialinės paramos skyrius

PRAŠYMAS DĖL VIENKARTINĖS KOMPENSACIJOS ASMENIMS, SUŽALOTIEMS ATLIEKANT BŪTINĄJĄ KARINĘ TARNYBĄ SOVIETINĖJE ARMIJOJE, SKYRIMO

20 m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d.

Prašau skirti man išmoką „Kompensacija sovietinėje armijoje sužalotiems asmenims“.

Prašau kompensaciją mokėti:

□ Banke \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Pašto skyriuje\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TVIRTINU**, kad pateikta informacija teisinga.

Pareiškėjas (įgaliotas asmuo)

(pabraukti) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parašas) ( vardas ir pavardė)