Līvānu novada domei

Rīgas ielā 77, Līvāni, Līvānu novads, LV-5316

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(Iesniedzēja vārds, uzvārds)

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(Personas kods)

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**(Ģimenes deklarētā adrese)**

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(Tālrunis)

**IESNIEGUMS**

Lūdzu, izmaksāt daudzbērnu ģimeņu pabalstu 20 EUR apmērā par vienu Līvānu novada teritorijā deklarēto bērnu līdz 18 gadu vecumam. Pabalstu pārskaitīt uz bankas   
kontu \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bankā, konta Nr.

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Ģimenē augošie bērni līdz 18 gadu vecumam

(Vārds Uzvārds, personas kods):

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Piekrītu personas datu izmantošanai un apstrādei pabalsta izmaksai.

Līvāni, \_\_\_\_\_.08.2021. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Paraksts*

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*Aizpilda darbinieks:*

Pieraksta vieta \_\_\_\_\_\_\_\_\_\_\_\_\_

Dokumentu pārbaude \_\_\_\_\_\_\_\_\_\_\_\_\_

/paraksts, zīmogs/ \_\_\_\_\_\_\_\_\_\_\_\_\_