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Imię i Nazwisko Wnioskodawcy

Wypłatę dotyczącą otrzymanego stypendium Miasta Kalisza im. Św. Jana Pawła II dla:

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proszę przekazać na konto nr :

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którego właścicielem jest:

Imię nazwisko adres

Kalisz, dnia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Czytelny podpis wnioskodawcy