........................................................................... Kamień Pomorski, .....................................

( Imię i Nazwisko) (data)

PESEL ...............................................................

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 ( adres )

Powiatowy Urząd Pracy

 w Kamieniu Pomorskim

WNIOSEK

Proszę o przekazywanie moich świadczeń z Powiatowego Urzędu Pracy na rachunek bankowy numer :

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( podpis bezrobotnego )