*Приложение №4 к Правилам
оказания медицинских услуг в Центре
репродукции и генетики Nova Clinic (ООО «МедИнСервис»)*

**ПРОСЬБА ЗАПОЛНЯТЬ ЗАЯВЛЕНИЕ ПЕЧАТНЫМИ БУКВАМИ**

Генеральному директору
ООО «МЕДИНСЕРВИС» Данчееву К.В.

От\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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паспорт\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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зарегистрированного (ной) по адресу:\_\_\_\_\_\_\_\_\_\_\_

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**ЗАЯВЛЕНИЕ НА ВОЗВРАТ ДЕНЕЖНЫХ СРЕДСТВ**

Прошу Вас вернуть денежные средства, оплаченные мной по договору на оказание медицинских услуг №\_\_\_\_\_\_\_\_\_\_\_от \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ г., не использованные в процессе лечения, в размере \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) рублей 00 коп.

 сумма прописью

в связи с \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Денежные средства прошу перечислить на мой расчетный счет в банке по следующим реквизитам

**ЗАПОЛНЯТЬ ПЕЧАТНЫМИ БУКВАМИ**

1) **ФИО получателя полностью**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ИНН физического лица при наличии (необязательно)

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2) Номер карты получателя:

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3) Расчетный счет карты получателя (ОБЯЗАТЕЛЬНО) :

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4) Наименование ИНН,БИК и КПП банка получателя, в котором открыта карта:

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**ИНН**

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**БИК**

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**КПП**

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**Информирован(а) о том, что перечисления денежных средств будет произведено в течении 10 банковских дней, с даты написания заявления.**

Дата\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Ответственность за достоверность данных несет заявитель**