Latvijas Republikas Aizsardzības ministrijas

Sociālo lietu nodaļai

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(iesniedzēja vārds, uzvārds, personas kods)

dzīvo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(adrese, pasta indekss, tālruņa numurs)

**IESNIEGUMS**

 Tā kā esmu atvaļināts (-a) no aktīvā dienesta Nacionālajos bruņotajos spēkos

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(atvaļināšanas iemesls)

pamatojoties uz Militārā dienesta likuma 59. panta otrās daļas nosacījumiem, lūdzu atlīdzināt man veselības aprūpes izdevumus.

 Iesniegumam pievienoju:

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| Nr.p.k. | Dokumenta nosaukums | Dokumenta numurs | Summa(*euro*) |
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 **K O P Ā :**

 Naudu lūdzu pārskaitīt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**(**kredītiestādes nosaukums, konta numurs)

\_\_\_\_\_\_\_\_\_. gada\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (paraksts)