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| **WNIOSEK O UDZIAŁ W ZAJĘCIACH PRZYGOTOWUJĄCYCH**  **DO EGZAMINU WERYFIKACYJNEGO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CZĘŚĆ A – WYPEŁNIA WNIOSKODAWCA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Białystok, | | | | | | | | | | | | | | | | | | | | | | |  | |  | | - | |  | |  | | - | |  | |  | | |  | |  |
| **Wojewódzki Ośrodek**  **Ruchu Drogowego w Białymstoku**  **ul. Wiewiórcza 64**  **nr konta: 04 8769 0002 0390 1166 2000 0010** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ja, niżej podpisany/a, zgłaszam chęć udziału w zajęciach przygotowujących do egzaminu weryfikacyjnego egzaminatorów. Proszę o wpisanie mnie na listę uczestników szkolenia. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Prosimy o wpisanie drukowanymi literami.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DANE OSOBOWE** | | | | | | | | | | | | | | | | **ADRES ZAMIESZKANIA** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PESEL | | | | |  |  |  |  |  |  |  |  |  |  |  | Kod pocztowy | | | | | | | | | | | | | | | |  | |  | | - | |  |  | |  | |
| Nazwisko | |  | | | | | | | | | | | | | | Miejscowość | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Ulica | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Imiona |  | | | | | | | | | | | | | | | Nr budynku | | |  |  |  |  | |  | | Nr lokalu | | | | | | | |  | |  | |  |  | |  | |
| Nr telefonu | | | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |
| E-mail |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Proszę o wystawienie faktury VAT na:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dane płatnika: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NIP |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Oświadczam, że powyższe dane są zgodne ze stanem faktycznym. * Oświadczam, iż zapoznałem się z Regulaminem zajęć przygotowujących do egzaminu weryfikacyjnego egzaminatorów oraz zobowiązuję się do przestrzegania jego postanowień.   …………………………………………………………….  (czytelny podpis osoby przystępującej do zajęć) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CZĘŚĆ B – WYPEŁNIA OŚRODEK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Faktura nr | |  | | | | | | | z dnia | | |  | | | | | | | na kwotę | | | | |  | | | | | | | | | | | | | | | | | | |
| wystawiona na podstawie umowy/dowodu wpłaty/zobowiązania | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| …………………………………………………………….  (pieczątka i podpis osoby przyjmującej wniosek) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |