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)

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(paraksts)