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|   |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(наименование регионального органа |
|   |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Социального фонда |
|   |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Кыргызской Республики) |

**ЗАЯВЛЕНИЕ
о единовременной выплате средств пенсионных накоплений
(накопительной части пенсии)**

Я, фамилия:

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имя:

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отчество:

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дата рождения:

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номер телефона: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

документ, удостоверяющий личность: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

   (наименование документа)

серия

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выдан

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                                                                          (кем выдан)

персональный идентификационный номер (далее - ПИН) в системе персонифицированного учета

Кыргызской Республики:

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прошу выплатить мне средства пенсионных накоплений (накопительную часть пенсии) в связи:

o с выездом на постоянное место жительства за пределы Кыргызской Республики и наличием

учтенных в накопительной части личного страхового счета пенсионных накоплений;

o с назначением пенсии по возрасту;

o с назначением пенсии по инвалидности I и II группы (бессрочно);

o с назначением пенсии по инвалидности;

o с необходимостью финансирования первоначального взноса или погашения по ипотечному

кредиту а также погашения выплаты по договору аренды жилья с последующим выкупом для участников государственной жилищной программы, финансируемой со стороны ОАО "ГИК", в сумме (нужное подчеркнуть) (без указания банковского реквизита)

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o с заболеванием и необходимостью оплаты медицинских услуг и приобретением медикаментов;

o со смертью застрахованного лица (наследникам):

ПИН умершего застрахованного лица

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фамилия

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имя:

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отчество:

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Единовременную выплату средств пенсионных накоплений (накопительную часть пенсии) прошу

произвести переводом на банковский счет по следующим реквизитам: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      (наименование банка, номер банковского счета, номер лицевого счета,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ реквизиты банка)

Получатель: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                     (подпись)

Дата составления заявления "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ г.

Заявление принял: "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ г.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                    (фамилия, имя, отчество, должность сотрудника, подпись)

МП

Зарегистрировано (в журнале): "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ года № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Отрывной талон заявления о выплате средств пенсионных накоплений

Получатель: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                   (фамилия, имя, отчество)

Заявление зарегистрировано в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                            (наименование регионального органа)

управлении Социального фонда Кыргызской Республики: "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ года

№ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Заявление принял: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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                                         (фамилия, имя, отчество, должность сотрудника, подпись)

МП

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