|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Nazwisko  (członka OKW) | ................................................................. | Imię  (członka OKW) | ......................................... | Nr OKW | .......... | | | PESEL (członka OKW) | ................................................................. nr telefonu ...................................................................  (członka OKW) | | | | |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nazwa banku | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Nazwisko, imię  właściciela konta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Numer konta |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **UWAGA! W PRZYPADKU BRAKU KONTA BANKOWEGO NALEŻY WPISAĆ „*ODBIÓR W KASIE*”.**  **DRUK NALEŻY CZYTELNIE WYPEŁNIĆ I ODDAĆ DO DNIA 06.10.2023 R.** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Nazwisko  (członka OKW) | ................................................................. | Imię  (członka OKW) | ......................................... | Nr OKW | ........... | | | PESEL (członka OKW) | ................................................................. nr telefonu ...................................................................  (członka OKW) | | | | |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nazwa banku | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Nazwisko, imię  właściciela konta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Numer konta |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **UWAGA! W PRZYPADKU BRAKU KONTA BANKOWEGO NALEŻY WPISAĆ „*ODBIÓR W KASIE*”.**  **DRUK NALEŻY CZYTELNIE WYPEŁNIĆ I ODDAĆ DO DNIA 06.10.2023 R.** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Nazwisko  (członka OKW) | ................................................................. | Imię  (członka OKW) | ......................................... | Nr OKW | ........... | | | PESEL (członka OKW) | ................................................................. nr telefonu ...................................................................  (członka OKW) | | | | |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nazwa banku | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Nazwisko, imię  właściciela konta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Numer konta |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **UWAGA! W PRZYPADKU BRAKU KONTA BANKOWEGO NALEŻY WPISAĆ „*ODBIÓR W KASIE*”.**  **DRUK NALEŻY CZYTELNIE WYPEŁNIĆ I ODDAĆ DO DNIA 06.10.2023 R.** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Nazwisko  (członka OKW) | ................................................................. | Imię  (członka OKW) | ......................................... | Nr OKW | ........... | | | PESEL (członka OKW) | ................................................................. nr telefonu ...................................................................  (członka OKW) | | | | |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Nazwa banku | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Nazwisko, imię  właściciela konta | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Numer konta |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **UWAGA! W PRZYPADKU BRAKU KONTA BANKOWEGO NALEŻY WPISAĆ „*ODBIÓR W KASIE*”.**  **DRUK NALEŻY CZYTELNIE WYPEŁNIĆ I ODDAĆ DO DNIA 06.10.2023 R.** |