

ANEXA 1

CASA DE ASIGURĂRI DE SĂNĂTATE
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CERERE
de eliberare a cardului duplicat

1. Numele:

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2. Prenumele:

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3. CNP / CID:

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4. Solicit eliberarea cardului duplicat și declar pe propria răspundere, cunoscând dispozițiile art. 326 din Codul penal cu privire la falsul în declarații, următoarele:

Motivul solicitării cardului duplicat:

- a) Pierdere; b) Furt; c) Deteriorare;
d) Modificări ale datelor personale (menționați numărul cardului mai jos):

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e) Alte situații justificate:

_____ sau _____

5. Solicit eliberarea cardului duplicat pentru:

Defecțiuni tehnice, erori ale informațiilor înscrise sau cardul nu poate fi utilizat din motive tehnice de funcționare (menționați numărul cardului mai jos)

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Data
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Semnătura

Depunerea cererii se va face însoțită de o copie a actului de identitate. La pct. 4 bifați o singură opțiune.