CASA DE ASIGURARI DE SANATATE OLT

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 si declar pe propria raspundere, cunoscand dispozitiile art.326 din Codul penal cu privire la falsul in declaratii, urmatoarele: Motivul solicitarii cardului duplicat:

a) Pierdere; b) Furt; c) Deteriorare;

d) Modificari ale datelor personale( mentionati numarul cardului mai jos):

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e) Alte situatii justificate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

sau

5. Solicit eliberarea cardului duplicat pentru:

Defectiuni tehnice, erori ale informatiilor inscrise sau cardul nu poate fi utilizat din motive tehnice de functionare(mentionati numarul cardului mai jos)

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Sunt de acord cu prelucrarea datelor cu caracter personal de catre C.A.S Olt, in conformitate cu prevederile Regulamentului UE nr. 679/2016 si a reglementarilor interne in vigoare, in scopul asigurarii functionarii sistemului de asigurari sociale de sanatate.

Nr. telefon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semnatura\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Depunerea cererii se va face insotita de o copie a actului de identitate, dovada platii contravalorii cardului duplicat, cardul national emis initial. La pct. 4 bifati o singura optiune.