**Ф-02-11.9-2/89**

**Департамент соціальної та ветеранської політики Луцької міської ради \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Від кого (**відомості про підопічну особу)

Прізвище

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Ім’я

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По батькові

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**АДРЕСА**

Місто/село

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 Вулиця

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Номер будинку Номер квартири

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 Номер мобільного телефону

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**З А Я В А**

Прошу зареєструвати моїм помічником \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, який (яка) буде надавати мені допомогу.

 Відповідно до Закону України «Про захист персональних даних» надаю згоду на обробку поданих мною персональних даних виключно з метою реєстрації помічника дієздатної фізичної особи.

 Письмово повідомлений/а/, що володільцем персональних даних в межах визначених законом, поданих мною, які обробляються з метою реєстрації помічника дієздатної фізичної особи, є департамент соціальної та ветеранської політики Луцької міської ради.

Також, письмово повідомлений/а/ про права суб’єкта персональних даних, визначені Законом України «Про захист персональних даних», і про осіб, яким мої дані передаються.

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Дата Підпис