**ЗАЯВЛЕНИЕ** **О КОНТРОЛЕ НАЛИЧИЯ СОГЛАСИЯ ТРЕТЬЕГО ЛИЦА**

**НА РАСПОРЯЖЕНИЕ ДЕНЕЖНЫМИ СРЕДСТВАМИ ПЛАТЕЛЬЩИКА**

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| **Наименование организации / ФИО и вид деятельности** |  | , | **ИНН** |  | , |

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| **должность** |  | **ФИО** |  | , |

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| **действующ\_\_\_\_ на основании** |  | , |

именуем\_\_\_ в дальнейшем «Клиент», настоящим просит Банк производить списание денежных средств со Счета (-ов) Клиента:

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исключительно при наличии согласия следующего Контролирующего лица:

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| **Наименование** |  | , |

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| **должность** |  | **ФИО** |  | **образец подписи** |  | . |

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|  |  |  |  | М.П. |
| *(Подпись)* |  | *(ФИО)* |  |  |