**Deklaracja przystąpienia do Programu Krynicka Karta Seniora**



1. **Nazwa Partnera (firma, instytucja, osoba fizyczna)**

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1. **Adres Partnera**

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kod miejscowość

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ulica, nr domu/lokalu

1. **NIP i REGON Partnera**

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NIP REGON

1. **Osoba do kontaktu ze strony Partnera**

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Imię i nazwisko

1. **Kontakt do Partnera**

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e-mail

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telefon

1. **Zakres działalności Partnera**
2. **Proponowane ulgi, zniżki, rabaty, preferencje w ramach Krynickiej Karty Seniora**

* **Oświadczam, że zapoznałam/-em się z zapisami programu Krynickiej Karty Seniora oraz akceptuję jego treść.**
* **Wyrażam zgodę na przetwarzanie danych osobowych zawartych we wniosku zgodnie z ustawą z dnia 29 sierpnia 1997 r. o ochronie danych osobowych (Dz. U. z 2016 r. poz. 922) przez Urząd Miejski w Krynicy-Zdroju   
  na potrzeby realizacji programu Krynicka Karta Seniora.**

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data / pieczątka Partnera / czytelny podpis przedstawiciela Partnera