**Latvijas Farmaceitu biedrības**

**prezidentei D. Ķikutes kundzei**

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(vārds, uzvārds)

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(personas kods)

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(LFB biedra nr.)

**IESNIEGUMS**

Lūdzu samazināt LFB biedru naudas maksājumu sakarā ar to, ka esmu nestrādājošs/-a pensionārs/-e kopš\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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(datums)

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(paraksts)