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| Administrative Commissionfor the coordinationof Social Security Systems  | D:\Fejlesztes\C#_programok\Migrans\Migrans\Template\Macintosh HD:Users:bmarchal:Documents:pascale:cz:logo333.png |

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| **Reimbursement Request** |
| *Articles 65(6), 65(7) of Regulation (EC) No 883/2004, Article 70 of Regulation (EC) No 987/2009* |

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| **Number of attachments** | 1 |
| **Date sent** | 18/06/2014 |

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| --- |
| **Sending institution:** |
| Country code\* | HU |
| Institution code\* |  |
| Institution name\* | \*\*\*\* |
| Street | \*\*\*. |
| Town | \*\*\*\* |
| Postal code | \*\*\*\* |
| Region | \*\*\*\* |
| Country | \*\*\*\*y |
| Phone | \*\*\*\* |
| Fax | \*\*\*\* |
| Email | \*\*\*\* |
|  |  |
| **Receiving institution:** |
| Country code\* | \*\*\*\* |
| Institution code\* | \*\*\*\* |
| Institution name\* | \*\*\*\* |
| Street | \*\*\*\* |
| Town | \*\*\*\* |
| Postal code | \*\*\*\* |
| Region |  |
| Country | \*\*\*\* |
| Phone |  |
| Fax |  |
| Email |  |
|  |  |

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| --- |
| **1. Case numbers** |
| 1.1 Case number of the sending institution1 |  |
| 1.2 Case number of the receiving institution2 |  |

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| **2. General information** \*  |
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| 2.2 Number of single cases4\*  | \*\* |
| 2.3 Amount requested5\*  |
| 2.3.1 Amount\*  | \*\*\*\* |
| 2.3.2 Currency6\*  | \*\*\*\* |
| 2.4 Bank information7\*  |
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| 2.4.3 International account number (IBAN)10\*  | \*\*\*\* |
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| **3. Single case**\* ⭮  |
| 3.1 Identification of person\*  |
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| 3.1.1.1 Personal identification number in the sending institution | \*\*\*\* |
| 3.1.1.2 Family name(s)\*  | \*\*\*\* |
| 3.1.1.3 Forename(s)\*  | \*\*\*\* |
| 3.1.1.4 Birth date\*  | \*\*\*\* |
| 3.1.1.5 Sex\*  |  |
| ❑ | \*\*\*\* |
|  |  |
|  |  |
| 3.1.1.6 Family name(s) at birth | \*\*\*\* |
| 3.1.1.7 Forename(s) at birth | \*\*\*\* |
|  |
|  |
| 3.1.1.8 If you have the Personal Identification Number of the person, please fill in the following: |
| ❑Identification of the person with Personal Identification Number  |
|  |  |
| 3.1.1.8.1 Personal identification number in the receiving institution | \*\*\*\*\* |
|  |
|  |
| 3.1.1.9 If you do not have the Personal Identification Number of the person, please fill in the following: |
| ❑Identification of the person, without Personal Identification Number  |
|  |  |
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| 3.4.5 Country | \*\*\*\* |
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| 3.6.2 End date of reimbursement requested24\*  | \*\*\*\* |
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| 3.8 Information about amount of payments\*  |
| 3.8.1 Amount\*  | \*\*\*\* |
| 3.8.2 Currency6\*  | \*\*\*\* |