Додаток 3

до Порядку

**ЗАЯВА
про виключення відомостей про належного користувача**

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| Інформація про належного користувача, відомості щодо якого виключаютьсяПрізвище

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По батькові (за наявності)

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| Серія та номер посвідчення водія  |  |  |  |  |  |  |  |  |  | Дата видачі |  |  |  |  |  |  |  |  |  |  |

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| Орган, що видав |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Реєстраційний номер облікової картки платника податків (за наявності) |  |  |  |  |  |  |  |  |  |  |
| Унікальний номер запису в Єдиному державному демографічному реєстрі (за наявності) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Засоби зв’язку

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| Номер мобільного телефону | + | 3 | 8 | 0 |  |  |  |  |  |  |  |  |  |

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| Адреса електронної пошти |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Інформація про транспортний засіб, належним користувачем якого визначено зазначену особуМарка

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| Номерний знак |  |  |  |  |  |  |  |  | Свідоцтво про реєстрацію транспортного засобу, серія та номер |  |  |  |  |  |  |  |  |  |

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| Ідентифікаційний номер транспортного засобу (VIN) або номер кузова, рами чи шасі |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Дата та час виключення відомостей про належного користувача

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| Інформація про власника транспортного засобу\*Про юридичну особу

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| Ідентифікаційний код юридичної особи згідно з ЄДРПОУ |  |  |  |  |  |  |  |  |

Повне найменування юридичної особи

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Про представника юридичної особиПрізвище

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Власне ім’я

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По батькові (за наявності)

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| Дата народження |  |  |  |  |  |  |  |  |  |  |

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| Про фізичну особуПрізвище

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Власне ім’я

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По батькові (за наявності)

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| Дата народження |  |  |  |  |  |  |  |  |  |  |

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| Серія (за наявності) та номер документа, що посвідчує особу, підтверджує громадянство України чи її спеціальний статус |  |  |  |  |  |  |  |  |  |

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| Дата видачі  |  |  |  |  |  |  |  |  |  |  |

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| Орган, що видав |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Реєстраційний номер облікової картки платника податків (за наявності) |  |  |  |  |  |  |  |  |  |  |
| Унікальний номер запису в Єдиному державному демографічному реєстрі (за наявності) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Засоби зв’язку

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| Номер мобільного телефону | + | 3 | 8 | 0 |  |  |  |  |  |  |  |  |  |

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| Адреса електронної пошти |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Зареєстроване/задеклароване місце проживання (перебування)фізичної особи/місцезнаходження юридичної особи |
| Країна |  | Область |  | Автономна Республіка Крим |  |

Район області/Автономної Республіки Крим

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| Місто |  | Селище  |  | Село |  |
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Вулиця (інший тип елемента вулично-дорожньої мережі) зазначається разом із назвою

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| Будинок |  |  |  |  |  |  |  | Корпус |  |  |  |  |  |  Тип примі-щення\*\* |  |  |  |  |  |  |  |  | № |  |  |  |  |

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| Додатки до заяви (кількість аркушів) |  |  |

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| Сторони внесену інформацію перевірили, зауважень не мають, підтверджують правильність внесених відомостей і дають згоду на проведення перевірки за відповідними реєстрами та базами даних, доступ до яких має МВС\*.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(підпис, прізвище та ініціали (ініціал власного імені) власника транспортного засобу (фізичної особи/керівника юридичної особи (його уповноваженого представника)\_\_\_\_ \_\_\_\_\_\_\_\_\_ 20\_\_\_ р. |  |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (підпис, прізвище та ініціали  (ініціал власного імені) належного користувача)\_\_\_\_ \_\_\_\_\_\_\_\_\_ 20\_\_\_ р. |

\_\_\_\_\_\_\* У разі подання цієї заяви в електронній формі не заповнюється.\*\* Зазначається тип приміщення — квартира, кімната, кабінет або офіс тощо. |
| Заяву прийняв, опрацював та провів перевірки за відповідними реєстрами та базами даних, доступ до яких має МВС\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(найменування посади, прізвище, власне ім’я, по батькові (за наявності) працівника територіального органу з надання сервісних послуг МВС)\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_ 20\_\_\_ р.(підпис) |