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| Извещение | *Форма № ПД-4*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Ростовская городская общественная организация инвалидов «Надежда» | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (наименование получателя платежа) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 6 | 1 | 6 | 4 | 0 | 6 | 6 | | 3 | 5 | 4 |  |  | 4 | 0 | | 7 | | 0 | 3 | | 8 | 1 | 0 | 2 | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 4 | 1 | 7 | 7 | | (ИНН получателя платежа) | | | | | | | | | | | | |  |  | (номер счёта получателя платежа) | | | | | | | | | | | | | | | | | | | | | | | | | | ПАО «Донкомбанк» г. Ростов-на-Дону | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 0 | | 4 | 6 | 0 | 1 | 5 | 8 | 0 | 4 | | (наименование банка) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | (БИК) | | | | | | | | | | | Кор./сч.: | | | | | | | | | | | | | | | 3 | 0 | | 1 | | 0 | 1 | | 8 | 1 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 4 | | Благотворительный взнос | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (наименование платежа) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ф.И.О. плательщика: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Адрес плательщика: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Сумма платежа: | | | | | | | | |  | | | | | | | |  | | Сумма платы за услуги: | | | | | | | | | | | |  | | | | | | | | | | Итого: | | | | | | | | |  | | | | | | | |  | | Дата: | | |  | | | | | | | | | | | | | | | | | | | С условиями приёма указанной в платёжном документе суммы, в т. ч. с суммой взимаемой платы за услуги банка, ознакомлен и согласен. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Плательщик (подпись): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Кассир |
| Квитанция  Кассир | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Ростовская городская общественная организация инвалидов «Надежда» | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (наименование получателя платежа) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 6 | 1 | 6 | 4 | 0 | 6 | 6 | | 3 | 5 | 4 |  |  | 4 | 0 | | 7 | | 0 | 3 | | 8 | 1 | 0 | 2 | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 4 | 1 | 7 | 7 | | (ИНН получателя платежа) | | | | | | | | | | | | |  |  | (номер счёта получателя платежа) | | | | | | | | | | | | | | | | | | | | | | | | | | ПАО «Донкомбанк» г. Ростов-на-Дону | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 0 | | 4 | 6 | 0 | 1 | 5 | 8 | 0 | 4 | | (наименование банка) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | (БИК) | | | | | | | | | | | Кор./сч.: | | | | | | | | | | | | | | | 3 | 0 | | 1 | | 0 | 1 | | 8 | 1 | 0 | 0 | | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 4 | 1 | 7 | 7 | | ПАО «Донкомбанк» г. Ростов-на-Дону | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (наименование платежа) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ф.И.О. плательщика: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Адрес плательщика: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Сумма платежа: | | | | | | | | |  | | | | | | | |  | | Сумма платы за услуги: | | | | | | | | | | | |  | | | | | | | | | | Итого: | | | | | | | | |  | | | | | | | |  | | Дата: | | |  | | | | | | | | | | | | | | | | | | | С условиями приёма указанной в платёжном документе суммы, в т. ч. с суммой взимаемой платы за услуги банка, ознакомлен и согласен. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Плательщик (подпись): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |