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|  | Идентификатор | | | | | | | | |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  | |  | | |  | | |  | |  |  |  |  |  |  |  | | Форма N ПД-4 | | |
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| **ИЗВЕЩЕНИЕ** | | |  | **ИНН 7804041056 КПП 780401001 Комитет финансов Санкт-Петербурга (СПб ГБПОУ "Акушерский колледж", л/с 0151023.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  | (ИНН и наименование получателя платежа) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | C:\Users\minnigaleyevada\AppData\Local\Microsoft\Windows\INetCache\Content.Word\IMG_8503.jpeg |  |  | **р/с № 03224643400000007200** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | (номер счета получателя платежа) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | **СЕВЕРО-ЗАПАДНОЕ ГУ БАНКА РОССИИ // УФК по г. Санкт-Петербургу, г. Санкт-Петербург** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | (наименование банка и банковские реквизиты) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | **БИК 014030106** | | | | | | | | **к/с 40102810945370000005 ОКТМО 40334000 ОГРН 1027802508128** | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  |  | (Ф.И.О., адрес плательщика) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Кассир** | | |  | **Плательщик** | | | | | |  |  | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  | |  |  |  |  |  | |  | |  | |  | |  | |  | |  |  |  |  |  | |  | |
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|  |  |  |  | **ИНН 7804041056 КПП 780401001 Комитет финансов Санкт-Петербурга (СПб ГБПОУ "АК", л/с 0151023.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **КВИТАНЦИЯ** | | |  |
|  |  |  |  | (ИНН и наименование получателя платежа) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  |  | **СЕВЕРО-ЗАПАДНОЕ ГУ БАНКА РОССИИ // УФК по г. Санкт-Петербургу, г. Санкт-Петербург** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Кассир** | | |  |  |  | **Плательщик** | | | | | | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |  |  |  |  | |  | | |  | | |  | |  |  |  |  |  |  |  | |  | |  |
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**При оплате образовательных услуг ОБЯЗАТЕЛЬНО УКАЗЫВАТЬ ФИО СЛУШАТЕЛЯ, НОМЕР И ДАТУ ДОГОВОРА.**