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| Генеральному директору  ООО «Селектел»  Любимову О.И.  От: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Наименование организации, ИНН, КПП, ОГРН  **Заявление**  В связи с расторжением Договора № \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ по причине \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, прошу произвести возврат денежных средств в сумме \_\_\_\_\_\_\_\_\_ рублей \_\_ копеек.    Денежные средства прошу перечислить по следующим реквизитам:  Наименование банка:  Адрес местонахождения банка:  Р/с или л/с (в каком учреждении):  К/с:  БИК:  ИНН банка:  Назначение платежа:  Контактная информация: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Электронный адрес: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Телефон: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Подпись уполномоченного лица.  Печать.  Дата. | |  |  | | --- | --- | |  | To: Lyubimov O.I.  CEO  Selectel | |  | From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Company name, Tax ID, OGRN |   **Request for Compensation**  In regards to the cancellation of Agreement No. \_\_\_\_\_\_\_\_\_ for the reason of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I am requesting a monetary refund in the amount of \_\_\_\_\_\_\_\_\_  rubles and \_\_ kopecks.  I request the funds be transferred to the following account:  Bank name:  Bank address:  Settlement account or personal account:  Correspondent account:  BIK (if in Russia) or SWIFT code:  INN (if in Russia):  Payment purpose:    Contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of authorized individual.  Stamp.  Date. |