……………………………….. appendix 4

name and surname

Bialystok, ………………

……………………………….

MUB’s organisational unit

**Suspension of the McFIT card**

I hereby declare that I am suspending the use of the McFIT card for the period   
from ................... to ...................\*

Accompanying person's card suspension......…………………………………\*\*

…..………………………………

employee’s signature

\* Suspension of the card submitted until the 10th day of the current month is valid from the next accounting period (i.e. from the next month).

\*\*With the suspension of an employee, accompanying person's suspension is automatically accepted as well.