……………………………….. appendix 1A

name and surname

……………………………….

 MUB’s organisational unit

**Declaration of McFIT card purchase (with an accompanying person)**

 I hereby apply to be granted a McFIT card financing as the Company Social Fund benefit in the field of cultural and sports activities.

 I agree to deduct the costs of both mine and my accompanying person’s McFIT cards from my salary.

…….……………………………….

 date and employee’s signature

NAME AND SURNAME OF THE ACCOMPANYING PERSON:………………………….

ACCOMPANYING PERSON’S PERSONAL ID NUMBER:………………………………..