……………………………….. 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.