**ANEXA Nr. 13**

**CASA NAŢIONALĂ DE PENSII PUBLICE**

**CASA TERITORIALĂ DE PENSII ARGEȘ**

**ACT ADIŢIONAL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Nr |  | din ziua |  |  | lună |  |  | anul |  |  |  |  |

 Pentru asiguratul:

    Numele şi prenumele:

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| Codul numeric personal: |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Începând cu data de | zi |  |  | lună |  |  | an |  |  |  |  |

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| În Contractul de asigurare socială nr |  | din zi |  |  | lună |  |  | an |  |  |  |  |

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| intervin următoarele modificări: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Prezentul act adiţional a fost întocmit în două exemplare, câte unul pentru fiecare parte.

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|  | Semnătura asiguratului,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Semnătura asigurătorului,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |