

Se aproba,

**DOMNULE DIRECTOR EXECUTIV,**

Subsemnatul(a) \_\_\_\_\_  
CNP \_\_\_\_\_  
B.I./C.I.), \_\_\_\_\_ dosar \_\_\_\_\_  
domiciliat(a) in \_\_\_\_\_  
\_\_\_\_\_

**SOLICIT:** Restituirea sumelor, **conform Legii 125/2014.**

Data \_\_\_\_\_

Semnatura \_\_\_\_\_

**Domnului Director Executiv al Casei Judetene de Pensii Olt**