**Oznámenie bankových údajov na úhradu štipendia v rámci Národného štipendijného programu SR /**

***Notification of bank account details for scholarship payment in the framework of the National Scholarship Programme of the Slovak Republic***

**Identifikačné údaje štipendistu/*Scholarship holder’s personal data:***

Meno a priezvisko/*Name and surname:* ...................................................................................................

Dátum narodenia/*Date of birth* *:* ..............................................................................................................

Miesto narodenia/*Place of birth* ..............................................................................................................

Adresa trvalého bydliska (ulica a číslo, PSČ a mesto, štát)/*Permanent residence address (street and house number, postal code and city, country):*

...................................................................................................................................................................

...................................................................................................................................................................

Štátna príslušnosť/*Citizenship:* .................................................................................................................

**Dolu podpísaný štipendista žiada o zasielanie štipendia na nižšie uvedený bankový účet\*/*The undersigned scholarship holder requests to receive his/her scholarship payments to the following bank account\*:***

|  |  |
| --- | --- |
| **Názov banky/*Bank name*** |  |
| **Adresa banky/*Bank address*** |  |
| **IBAN** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SWIFT/BIC** |  |

Týmto poskytujem SAIA, n. o., súhlas so spracovaním mojich osobných údajov na účely vyplatenia štipendia, v súlade so zákonom č. 18/2018 Z. z. /*Hereby, I give SAIA, n. o., my consent to the processing of my personal data for the purpose of scholarship payment, in accordance with the Act No. 18/2018 Coll.*

Dátum/*Date:*.............................................. Podpis/*Signature* .............................................

**\***Účet musí byť vedený v jednej z krajín systému SEPA (Single Euro Payments Area)./*The account must be registered in one of the SEPA system countries (Single Euro Payments Area).*