**نُموذج بيانات الأسر البديلة**

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| **اسم الطفل** | **رقم قومى**

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 | **رقم تأمينى**

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| تاريخ الميلاد

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 | رقم موبيل

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 | النوع : ذكر ( ) انثى ( ) |
| العنوان: محافظة قسم: شارع:  |
| **اسم الموصى:**  | **رقم قومى**

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 | النوع : ذكر ( ) انثى ( ) |
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 | النوع : ذكر ( ) انثى ( ) |
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توقيع الموصى: توقيع مسئول أول تضامن: توقيع مسئول ثانى تضامن:

 ختم وزارة التضامن

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| كود الفرع (مسئولية البنك):  |