

Please return this form to:
 Jupperi Day Care Centre
 P.O. Box 73302, 02070 CITY OF ESPOO

Recipient	Date
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THE APPLICANT'S INFORMATION

Guardian's name		Personal identity code
Mailing address		Postal code
Permanent municipality of residence		
Telephone numbers	Email	

OTHER INFORMATION

Kela has granted us parental allowance for the following period: _____ . _____ . 20_____ - _____ . _____ . 20_____ .

Please attach a copy of Kela's decision to grant parental allowance and your tax card for the payment of the social benefit.

Bank name	Bank account number (IBAN)
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CHILDREN'S INFORMATION

Name	Personal identity code
Name	Personal identity code
Name	Personal identity code

DATE AND APPLICANT'S SIGNATURE

I confirm that the information above is correct and I consent to having this information checked.

Date	Signature and name in block letters
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AN OFFICE-HOLDER'S DECISION

Multiple child support granted EUR _____ for the following period: _____ . _____ . 20_____ - _____ . _____ . 20_____ .

Multiple child support not granted, grounds:

DATE AND THE OFFICE-HOLDER'S SIGNATURE

Date	The signature and name in block letters of the office-holder who made the decision	
Position	Telephone	

4.2019

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