

.....
(Date: DD/MM/YY)

.....
(Surname and name)

Student of the Medical University in Bialystok the Faculty of Medicine with Division
of Dentistry and English

.....
(Index Number)

.....
(Permanent Home Address)
.....

RESIGNATION FROM DORMITORY ROOM IN DORMITORY NR 2

I moved out of dorm on (Date:DD/MM/YY)..... lived in room #.....

Repayment of deposit to this account:

Account or IBAN number:

Swift Code:.....

.....
Administration DS. 2

.....
Student Signature