ΤΑΜΕΙΟ ΠΡΟΝΟΙΑΣ ΥΠΑΛΛΗΛΩΝ
ΞΕΝΟΔΟΧΕΙΑΚΗΣ ΒΙΟΜΗΧΑΝΙΑΣ

APPLICATION FOR WITHDRAWAL OF CONTRIBUTIONS

I, the undersigned, hereby request to collect the Provident Fund credited to my account in accordance with the Fund Regulations.

INFORMATION OF THE APPLICANT

Full Name: ....

Soc. Ins. No.: .... Id. No.: .... Date of Birth: ....

Address the cheque to be send to: ....

....

District Area: .... Postal Code: ....

Telephone No.: .... Mobile No.: ....
.
Email: ....

SERVICE IN THE HOTELS

S/N	Name of the Hotel	Employment Date	From	Until
1.	....	....	....	....
2.	....	....	....	....
3.	....	....	....	....
4.	....	....	....	....

I have permanently withdrawn from the Hotel Industry for the following reasons:

....

I wish you to handle my cheque as follows:
  (A) To be sent by post in my address Or ☐
  (B) To be deposit in my account of Bank and I am sending you my IBAN number ☐

I hereby declare that the above information is correct.

Date: ....   Signature ....

Statement of Union: ....

* The application must necessarily be accompanied by a copy of the identity card.

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