

QUESTION & REQUEST FORM BY MEMBERS

Submission No:	Submission Date
INFORMATION OF THE MEMBER	
Full Name:	
Identity Card No:	Telephone No.:
Name of the Hotel	
DESCRIPTION (συμπθηρώνεται από το μέθοs)	
SUBMISSION REPLY (συμππηρώνεται από Λε	ειτουργό του Ταμείου)

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