

APPLICATION FORM

FROM:

LAST NAME:

FIRST NAME:

FATHER'S NAME:

MOTHER'S NAME:

ID NUMBER:

DATE OF BIRTH:

RESIDENCE:

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TELEPHONE NUMBER:

E-MAIL:

VAT NUMBER:

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.....
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The applicant

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(Signature)

TO: MUNICIPALITY OF SERIFOS

DATE OF ISSUE:/...../20....

PLEASE.....

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