

APPLICATION FORM

TO: MUNICIPALITY OF SERIFOS – CASH SERVICE

SUBJECT: SUBMISSION TO DEBT SETTLEMENT

FROM:

NAME OF THE COMPANY:
(Shall be filled only for Legal entities)
FULL NAME OF THE LEGAL REPRESENTATIVE:
(Shall be filled only for Legal entities)
LAST NAME:
FIRST NAME:
FATHER'S NAME:
MOTHER'S NAME:
VAT nr of the Legal Entity:
(Shall be filled only for Legal entities)
VAT nr of the Individuals (natural persons):
DATE OF BIRTH:
RESIDENCE:
ZIP CODE:
IDENTIFICATION NUMBER:
PHONE NUMBER:
E-MAIL ADDRESS:

Having duly taken account of my debts to the Municipality of Serifos, please settle them, based on the following, under the condition that they are provided for by the current legislation:

TYPE OF DEBT:
TOTAL DEBT AMOUNT:
INSTALMENTS:
MONTHLY INSTALMENT AMOUNT:

The settlement of the debt may be abolished, with the consequence of the obligatory immediate payment of its balance, according to the data of the initial certificate and the immediate pursuit of its receipt, with all the measures laid down by the current legislation, if the debtor does not comply with its obligations according to the legislation in force.

Date: / /202

The applicant