

## APPLICATION

**TO: MUNICIPALITY OF SERIFOS**

**From:**

Date: ...../...../20....

SURNAME: .....

NAME: .....

FATHER'S NAME: .....

MOTHER'S NAME: .....

ID: .....

DATE OF BIRTH: .....

ADDRESS: .....

.....

PHONE NUMBER:

.....

EMAIL : .....

VAT : .....

Please grant the monthly allowance, which I am the beneficiary (as defined by article 32 of Law 4483/17 as amended by article 349 of Law 4512/2018) and specified as an amount from the number... / 20 ... decision of the Economic Committee of the Municipality of Serifos for the year... ..

I declare responsibly, being aware of the consequences of declaring untrue data, that I do not receive an allowance from the South Aegean region or any other body for this purpose.

I ALSO ATTACH:

- A.** ID copy
- B.** The last salary statement
- Γ.** E9
- Δ.** E9 of spouse (if any)

The applicant

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(Signature)