



**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: .....

Address: .....

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

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

Date of Birth: ..... Capacity : .....

Identity Card No.: ..... Social Insurance No.: .....

I hereby declare that the above information is correct.

**Service in the Hotels**

S/N	Name of the Hotel	Employment Date	
		From	Until
1.			
2.			
3.			
4.			
5.			

I have permanently retired 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 of .....

Account Number .....

Date: .....

Signature

.....

Statement of Union: .....