



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: Identity Card No.....

Citizenship: Social Insurance No.:

Address:

District Area: Postal Code:

Telephone No.: Mobile No.:

Date of Birth: Capacity:

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:

.....
.....

Date:

Signature

.....

Statement of Union: