

TO : NAMFI

NATIONALITY :  
 UNIT'S TITLE/NAME :  
 ADDRESS :  
 DOCUMENTS DATA :  
 DATE :

**APPLICATION FORM OF THE DISPOSAL OF BUILDING INSTALLATIONS AND OTHER AREAS OF UNITS DEPLOYMENT**

S/N	REQUEST	REQUIREMENTS BEYOND THE EXISTING INFRASTRUCTURE	DATE		REMARKS
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	FAX	0030 2821066055
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UNIIT'S POC	Office Telephone	
	Mobile Telephone	
	FAX	
	e-mail	

<b>APPLICANT'S SIGNATURE</b>
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