

TO : NAMFI

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

**APPLICATION FORM FOR THE DISPOSAL OF  
 "ASTERIA" NAMFI OFFICER'S CLUB**

S/N	REQUIRED DATA	SPECIFICATIONS			REMARKS
1	DATE OF ACTIVITY				
2	NUMBER OF PERSONS				
3	HOUR OF ARRIVAL				
4	DINNER/LUNCH BEGIN.HOUR				
5	WHAT IS GOING TO TAKE PLACE BEFORE THE PARTICULAR LUNCH/DINNER	NOTHING			
		A DRINK AT THE BAR			
		BRIEFING			
6	ANALYTICAL MENU	KIND	PRIVATE	NOT PRIVATE	
7	PARTICULARITY IN FOOD/MEAL				
8	TABLES ARRANGEMENT				
9	MUSIC	Greek Traditional Music			
		Syrtaki music			
		Foreign music			
		Greek Pop - Rock music			
		On their own care			
10	COST OF DRIVERS MESSING	Covered			
		Not cover			
11	WAY OF PAYMENT				

NAMFI'S POC	Office Telephone		0030 28210 26792 KAI 64223
	Mobile Telephone		0030
	FAX		0030 2821066055
	e-mail		<a href="mailto:suppdivision@namfi.gr">suppdivision@namfi.gr</a>
UNIT'S POC	Office Telephone		
	Mobile Telephone		
	FAX		
	e-mail		

**APPLICANT'S SIGNATURE**