

**TO : NAMFI**

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

**APPLICATION FORM FOR THE REFUELLING OF VEHICLES**

S/N	VEHICLE'S NUMBER	DATE		KIND/TYPE OF FUEL	REMARKS
		FROM	TO		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

NAMFI POC	Office Telephone	0030 28210 26747 KAI 6732
	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**

**REMARKS**

- REFUELLING OF FUEL SUPPLY/DEPOTS OF UNITS VEHICLES**  
 Granting of fuel daily (working hours 08:00 to 14:00 approximately)  
 Fuel Disposed : Oil (petroleum), Unleaded gasoline, and LRP
- REFUELLING OF UNIT'S FUEL TRUCK VEHICLES**  
 Whenever required, directly to the Units Fuel Trucks, after taking into account the time limitations due to the customs clearance procedures, in accordance to the attached program "Attached 1".