



General Application

Social Action

IDENTIFICATION OF THE APPLICANT NAME: TAX ID SOCIAL SECURITY NUMBER TELEPHONE CONTACT(S) EMAIL ADDRESS LOCALITY ZIP CODE SUBJECT Taking into account the social action services of this municipality, I hereby request you: SOCIAL SERVICE "ARGANIL SOLIDARIA" (SOLIDARIY ARGANIL) PROJECT- ARGANIL SOCIAL STORE ABEM PROGRAMME: MEDICINE SOLIDARITY NETWORK		
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DOCUMENTS (IF APPLICABLE)	
Attaches the following documents:	
CTATEMENT ON CATH	
STATEMENT ON OATH	
☐ I HEREBY STATE ON OATH THAT ALL THE INFORMATION PROVIDED BY ME I	N THIS FORM IS TRUE.
DATA PROTECTION	
I AM AWARE THAT THE MUNICIPALITY OF ARGANIL COMPLIES WITH THE REGARDING THE COLLECTION AND PROCESSING OF DATA. THE DATA CPROCESSING OF THIS APPLICATION. FOR FURTHER INFORMATION PLEASE CONTRACTOR OF THE PROCESSING OF THIS APPLICATION.	OLLECTED IS INTENDED SOLELY FOR THE
ASK FOR APPROVAL,	
THE APPLICANT	
THE ALL EICAN	
SIGNATURE	DATE/
ORDER:	
Granted Dismissed Forwarded	
TO BE COMPLETED BY THE SERVICES	
	I AM AWARE,

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