

APPLICATION FORM

Employee / Name & Surname:		
Code:	Company:	
Status (please underline): employee / reti	rement / leave due to restru	ucturing / disability
Direct application	Applications for son	or daughter
Phone number:	Email address:	
Son or daughter's name and surname (if th	ne case):	
Please describe your requirement with all	details that you deem usef	ful for the Evaluation Committee:
In your opinion, which type of benefit among those offered by the Foudation will better fit your demand?		
National of a common to		
Attached documents:		
	n:	ate:
	5.	

Please forward this document by e-mail to the local representative of the Foundation in your area. She/he will forward the same to the Evaluation Committee. You may be requested to provide further details, clarifications or documents.

We will keep you updated about your application status.

Thank you,



According to the LOPD 15/1999 and regulatory provisions, we inform you that your personal data will be included in a filed owned by

INDAL FOUNTATION for the correct commercial relationship. You have the right to access, modify or cancel your data contacting us.