**APPLICATION FORM**

SPECIAL ADMISSION & HUNTING PERMIT

IN THE CONTROLLED HUNTING AREA (CHA)

 DATE / / 2016

NAME – SURNAME …………………………………………………………………………………………………………

NO OF GAME LICENSE ………………………….. GENERAL REGIONAL LOCAL

SPECIAL LICENSE NUMBER OF THE CHA ……………………………………………………………………

LICENSE CATEGORY

 PERMANENT RESIDENTS IN GREECE – E.U. NATIONALS – DIPLOMATIC CORPS OFFICERS

 NON E.U. RESIDENTS

DAYS OF GAME SANCTUARY

DATES OF GAME

SANCTUARY GAME ZONE GAME TYPE

1.…………………….. ……………………….. ……………………………………………………………………………………….

2.…………………….. ……………………….. ……………………………………………………………………………………….

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10..………………….. .……………………….. ……………………………………………………………………………………….

CONTACT INFO

COUNTRY ………………….. CITY OF RESIDENCE ..…………………………. STREET .……………………………………….. No ….. ZIP CODE ….………………

TELEPHONE …………………………………………………………… CELLPHONE ………………………………………..

FAX ………………………………………… E-MAIL ….…..…….………………..………………………

PAYMENT AMOUNT: ……………. (BANK AND RECEIPT No OF DEPOSIT)…………..………………..…………………..

BANK ACCOUNT NUMBER OF KTIMA ANOIXIS GRVENON S.A.:

PIRAEUS BANK: GR 850171 7510 0067 5111 5123 707

 THE APPLICANT THE SUPERVISOR OF CHA