

# STRIKE FUND APPLICATION

Date \_\_\_\_\_

**Strike period**

From \_\_\_\_\_

To \_\_\_\_\_

Name \_\_\_\_\_

Account no. \_\_\_\_\_

Member of the union \_\_\_\_\_

Lastname \_\_\_\_\_

P-number \_\_\_\_\_

YES          NO \_\_\_\_\_

Address \_\_\_\_\_

Telephone no. \_\_\_\_\_

Workplace \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you work:

Full time:

Half time:

Other:

Signature \_\_\_\_\_

OBS. Please note, that strike-watch duty is mandatory in order to receive payment from the strike fund.

Fill inn the form and send it to: [jse@hak.fo](mailto:jse@hak.fo)