

STRIKE SUPPORT APPLICATION FORM

The form is only used for payment of strike support. All parts of the form must be filled in.

Last name

First name(s)

Union of Professional Engineers in Finland membership number.....

Home address

.....

Personal identity code (required) | | | | | | - | | | | |

Bank account details | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mandatory additional information (please fill in carefully)

Employer

Position.....

Applicable collective agreement.....

Work location street address

Postal code and city/town

Days for which strike support is being sought _____

Total days _____

Date and signature _____

To be filled in by the processor of the Union of Professional Engineers in Finland:

Cost center _____

Strike support of € _____ per day to be paid

Factual verification _____

TOTAL € _____

Approval _____