

SAMPLE APPLICATION FORM

To the open selection committee for the selection of the independent Supervision Board Member of SE "MPU"

(Surname, name, patronymic – if available, of candidate, passport/ID series and number, the issuing body and the date of issuance)

registered: _____

residing at the address: _____

tel. _____

(home number, mobile number)

(e-mail address)

APPLICATION

Please allow me to participate in the selection for the positions of independent members of the supervisory board of the State Enterprise “Medical Procurement of Ukraine”.

I hereby _____ to the disclosure of the content of my documents after the completion of the selection procedure.

(consent or do not consent)

I hereby _____ to the presence of representatives of mass media, the public, and representatives of International Organisations and diplomatic institutions.

(consent or do not consent)

I attach the following documents to my Application:

- _____ ;
- _____ .

(full description of the list of attached documents)

I understand the terms for the participation and the selection procedure.

_____ 20_____

signature