

**APPLICATION FOR HOLIDAY RESORT STAY**

**AT MILITARY HEALTH RECOVERY CENTER AG. ANDREAS**

|  |  |
| --- | --- |
| **BENEFICIARY’ S DETAILS** | |
| Nationality |  |
| Rank/Position |  |
| Full Name |  |
| Father’s Name |  |
| Unit/Service |  |
| Unit base/ Service location |  |
| Marital Status (Single-Married) |  |
| Telephone Number |  |
| Mail |  |
| **OTHER FAMILY MEMBERS** | |
| Full Name |  |
| Age |  |
| Degree of kinship |  |
| Full Name |  |
| Age |  |
| Degree of kinship |  |
| Full Name |  |
| Age |  |
| Degree of kinship |  |