|  |  |  |
| --- | --- | --- |
| FECHA DE SOLICITUD | | |
| DD | **MM** | **AAAA** |

**SOLICITUD DE AUXILIO FEMAYUN**

|  |  |  |  |
| --- | --- | --- | --- |
| NOMBRES Y APELLIDOS COMPLETOS | | | CEDULA |
| TELEFONO | **CELULAR** | **CORREO ELECTRONICO** | **BANCO** |
| N° DE CUENTA | **TIPO DE CUENTA** |  |  |

Tipo de auxilio solicitado: (Marque con una X)

**Educación**

**Vivienda**

**Salud**

Especifique: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auxilio correspondiente al año: \_\_\_\_\_\_\_

Valor entregado: \_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Aprobado por:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CC: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Solicitante Huella

C.C.