|  |
| --- |
| **Application to Contribute to the Employee Emergency Relief Fund**AUC ID Number: ............................................................................National ID Number: ............................................................................Name: ............................................................................Mobile Number: ............................................................................Position: ............................................................................Department/ Office: ............................................................................Anonymous Identity AUC Alum Recognition name: …………………………………………………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  One-time contribution amount EGP USD **............. .............**Or, Monthly deducted amount from my salary during the period from / to / (M/Y) EGP USD **............. .............** * I acknowledge that in case I want to cancel this contribution it is essential to inform the Human Resources Office in writing before the beginning of the month that I wish to end the deductions in.

Name: ……………………………….Signature: ……………………………….Date: ……………………………….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Revised by Human Resources Staff Member**:Signature: ………………………………. Date: ………………………………  |