



**APPLICATION FOR HOLIDAY RESORT STAY**  
**AT MILITARY HEALTH RECOVERY CENTER AG. ANDREAS**

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