



Syndicate of Owners of Restaurants
Cafes, Night-Clubs & Pastries in Lebanon
نقابة أصحاب المطاعم والمقاهي
والملاهي والباراتيسري في لبنان

SRCNP Vaccine Application

1 Establishment Details

Name of Business	▶	
Name of Company	▶	
Represented by	▶	Name
		Position
Phone Number	▶	
Total Number of Employees	▶	
Number of Vaccines	▶	

Member

Non-Member

We hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine. In case of any libel, slander, defamation, non-compliance with, or breach of, any applicable laws, or in case of any fraud, we shall be held liable according to Lebanese criminal law.

Date

Signature

Stamp