



NOTIFICATION OF SELECTION

Name of union representative	Personal identity number/membership number
Tel.	
Email	

Official name of company
Business ID
Company's address
Post code, city
Employer's email (address where PAM sends notification of selection)
Name of workplace (if different from official name)

Position		
<input type="checkbox"/> Head union representative	<input type="checkbox"/> Union representative	<input type="checkbox"/> Site-specific union representative
<input type="checkbox"/> Deputy head union representative	<input type="checkbox"/> Deputy union representative	<input type="checkbox"/> Site-specific deputy union representative
<input type="checkbox"/> Other, what		
Date of selection		
Term of office starts	Term of office ends	

Send the form to PAM's regional office straight after the selection.