

**REQUEST FOR PROXY TAKEOVER OF SERVICES FAMILY  
ACCOMMODATION**

Part 1

From:

Current Address:

Current Telephone No:

SFA Address Allocated At Gibraltar:

In accordance with your Letter FHS/23 dated ..... I am taking the option of using a proxy from my gaining unit who will be responsible for the move-in into my SFA. The following has been signed accordingly for your action as necessary.

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Part 2

I (Number, Rank & Name) .....

Request that:

Proxy's Rank & Name .....  
Department Name & Address.....  
Telephone Number.....

Be accepted as my Service proxy appointed by me to take over my SFA, taking over responsibility for the requirements of the move-in.

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Part 3

I (Number, Rank & Name) .....

Accept the proxy responsibilities as laid down in FH Gib Form FH/2 on behalf of:

Licensee's Rank & Name .....

Signed..... Date.....