

SPORTMALTA

Kindly complete Section 1 (compulsory) and any other section in accordance with the scheme/s applied for.

SECTION 1	DETAILS OF APPLICANT
Name of Sport Organisation	
Contact Person	
Position	
Type of Organisation	□ Federation □ Association □ Club
Mobile Number	
E-mail address	
National Organisation affiliated with (if applicable)	
SPORTMALTA Registration No	
SportMalta Valid Certificate	
Attached 2020	□ Yes □ No
Vat Number (if available)	
Federation / Association Stamp	Signature of National Body Officer and Official Stamp:

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SECTION 2 DETAILS OF EQUIPMENT (if available attach documentation rela	ting to
specifications)	
(All information may be presented in a separate document)	

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SECTION 3	BREAKDOWN OF REQUESTED ASSISTANCE

NUMBER OF ITEMS APPLIED FOR:

For Office Use only:

 \Box Does sports organisation have any pending dues with SPORTMALTA? \Box Yes \Box No

□ Is repayment plan with SPORTMALTA in place? □ Yes □ No

 \Box Is Sports Organisation in line with Registrar requirements? \Box Yes \Box No