



GOZO TRAVELLING ASSISTANCE SCHEME - ATHLETE

DETAILS OF APPLICANT

NAME

SURNAME

IDENTITY CARD NUMBER (PLEASE ATTACH COPY TO THIS APPLICATION)

MOBILE NUMBER

E-MAIL ADDRESS

BANK DETAILS (IBAN and Account Holder Name)

SPORTS ORGANISATION NAME

SPORTMALTA REGISTRATION NUMBER

MOBILE NUMBER

E-MAIL ADDRESS

EVENT NAME

NUMBER OF TRIPS



DATES

(May make a reference to a separate attached list)

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**SPORT EVENT ORGANISED BY
(SPORT ORGANISATION)**

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**APPROVAL OF SPORT ORGANISATION –
CERTIFICATION OF TRAINING/COMPETITION
PARTICIPATION IN MALTA (SIGNATURE AND
FULL NAME)**

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SPORTS ORGANISATION STAMP

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**DETAILS ABOUT DOCUMENTS
BEING SUBMITTED (RECEIPTS / INVOICES)**

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TOTAL AMOUNT BEING CLAIMED

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**FOR OFFICE USE ONLY
(AMOUNT APPROVED)**

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SIGNATURE

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OFFICIAL STAMP

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