*I/we hereby apply to FISTF for a license as FISTF Partner for the referred sports season.*

|  |  |
| --- | --- |
| Season  | **201x/201x** |

|  |
| --- |
| **Company Details** |
| Name |  |
| **Address:** |  | **Phone/Mobile:** |  |
| **Email:** |  | **Based in:** |  |

|  |
| --- |
| **Main Director’s Details** |
| **Name & Surname:** |  | **Phone/Mobile:** |  |
| **Address:** |  | **Nationality:** |  |
| **Email:** |  |

|  |
| --- |
| **Other Details** |
| **VAT Registration Number:** |  | **Company Registration Number:** |  |
| **Other directors:** |  | **Other representatives:** |  |
| **Official address:** |  |
| **Email:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Partner Type (\*) | GOLD |  | BRONZE |  |
| **SILVER** |  | **STANDARD** |  |

*(x) Tick with an “x” the partner type you request*

|  |
| --- |
| **Applicant Signature** (\*) |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Date*** | ***Place*** | ***Title*** | ***Signature*** |
|  |  |  |  |

*(\*) All fields mandatory*