



## MALTA BOXING COMMISSION

10 Christef Flats, Triq il-Maskli, Qawra, San Paul il-bahar, Malta

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### APPLICATION FOR PROFESSIONAL BOXERS LICENSE

#### LICENSE FEE €130

Two passport photographs, proof of boxing history (amateur card or similar verifiable record) must accompany application and the form to be sent to office address above, alternatively the form and passport photographs can also be scanned and e.mailed to the address above.

Please do not send the fee with this form, once the licensing process is completed we will e.mail you a MBC PayPal Invoice (which can be paid via PayPal funds or Debit/Credit card) or alternatively bank transfer details are available on request.

#### EACH APPLICANT SHOULD ANSWER THE FOLLOWING

Professional Name \_\_\_\_\_

Real Name (In Full) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_ E.Mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Normal Weight \_\_\_\_\_ Ring Weight \_\_\_\_\_ Hair Colour \_\_\_\_\_ Eye Colour \_\_\_\_\_

Nationality \_\_\_\_\_ Current Record: \_\_\_\_\_

Date of Last Bout: \_\_\_\_\_ Result of Last Bout: \_\_\_\_\_

Location of Last Bout: \_\_\_\_\_

Name of Gym or Club where you train: \_\_\_\_\_

Have you ever been Arrested for Violating the Laws of the Republic of Malta or any other Country? Yes/No

If yes, state where and give details \_\_\_\_\_

Have you held a Professional Boxing License previously? Yes\_\_\_\_ No\_\_\_\_

If YES, Name of Sanctioning body\_\_\_\_\_

Are you currently under any type of boxer/manager contract? Yes\_\_\_\_\_ No\_\_\_\_\_

If YES, list name of manager \_\_\_\_\_

Signed:\_\_\_\_\_ Date:\_\_\_\_\_