



MALTA BOXING COMMISSION

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

Tel: +356 99452555 - Tel: +356 79452555

Web: www.maltaboxingcommission.com E.Mail: admin@maltaboxingcommission.com

APPLICATION FOR PROFESSIONAL BOXING MATCHMAKER LICENSE

(STATE KIND OF LICENSE REQUIRED) _____ LICENSE

SCHEDULE OF ANNUAL FEES

Agent or Matchmaker €260

Two passport photographs must accompany application and the form to be sent to office address above, the form 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.

READ INSTRUCTIONS CAREFULLY

EACH APPLICANT SHOULD ANSWER THE FOLLOWING

PLEASE PRINT CLEARLY

Name of Applicant _____

Address _____

Telephone/Mobile: _____ E.Mail: _____

Place of Birth _____ Date of Birth _____

Age _____ Occupation _____

Employer _____

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 _____

Are you licensed by any other Commission/Board? Yes/No If yes, which Commission/Board?

Have you any financial interest in the promotion of professional or amateur sports or any pro/amateur boxer in this or any other Country? Yes/No If yes, give details:

Give name, address and weight class of Boxers under your managerial control:

NAME, CITY, WEIGHT CLASS

Do you have an exclusive right as a manager of all Boxers listed in this application? Yes/No
If no, give names and addresses of others interested financially or otherwise:

Name: _____

Address: _____

Name: _____

Address: _____

Signed: _____ Date: _____