## MALTA FOOTBALL ASSOCIATION



## **Application Form**

## MFA administrator's scheme

BENEFICIARY			
Name of Club:			
Club representative:			
Contact details: (Tel)		nail)	
CLUB ADMINISTRATOR			
Name & surname:			
Course name (note 1):			
Contact details (email):			
(mobile phone number):			
DOCUMENT check-list:			
i. Copy of employment co	ontract		
ii. Copy of JobsPlus Enga	gement Form		
iii. Due diligence docume	Nts (note 2)		
The Club and the administrator shall ensure that all taxes and other relative contributions are paid to the authorities. Proof of payment will be requested at licence submission stage.			
Note 1	The administrator sho	ould have concluded any of	the courses indicated in the course
Note 2	These are the same d	ocuments submitted with F	Form C
Please submit this appli	cation electronically to m	nario.gauci@mfa.com.mt o	r directly to
The Licencing Manager, Malta Football Association, Millennium Stand, Level 2, Ta' Qali			
For office use only:			
Documents supplied:	YES	NO	
Application approved:	YES	NO	