

**APPLICATION TO ATTEND FOR THE *BINDING TARIFF COURSE AND NOMENCLATURE***  
**ORGANISED BY THE CUSTOMS RESEARCH & DEVELOPMENT UNIT**  
*( Form to be filled in by Private Sector and send it by email to [customs.training@gov.mt](mailto:customs.training@gov.mt) )*

<b>1</b>	<b>Name &amp; Surname of person who will attend:</b>	
<b>2</b>	<b>I.D./Passport No. of person who will attend:</b>	
<b>3</b>	<b>Name of Representing Company:</b>	
<b>4</b>	<b>E.O.R.I. No. (of Company declared above):</b> <i>For more information re EORI No. follow this link:</i> <a href="https://customs.gov.mt/bus/economic-operators-registration-identification">https://customs.gov.mt/bus/economic-operators-registration-identification</a>	
<b>5</b>	<b>Company's Full Address:</b>	
<b>6</b>	<b>Company's Telephone No. &amp; Mobile</b>	
<b>7</b>	<b>E-Mail Address of contact person:</b>	
<b>8</b>	<b>Are you a current or a new user of the Customs National Import or National Export Electronic Systems?</b>	<i>(Please tick where applicable)</i> <input type="checkbox"/> <i>Current User</i> <input type="checkbox"/> <i>New User</i>
<b>9</b>	<b>Can you follow lectures delivered in Maltese without difficulty:</b>	<i>(Please tick where applicable)</i> <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i>
<b>10</b>	<b>Any other remarks:</b>	

.....  
**FULL NAME & SURNAME**  
***SIGNATURE of Authorised Representative of Company***

**DATE:**.....