

**REQUEST TO ATTEND FOR THE NATIONAL EXPORT SYSTEM (N.E.S.) TRAINING COURSE
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)

1	Name & Surname of person who will attend:	
2	I.D./Passport No. of person who will attend:	
3	Name of Representing Company:	
4	E.O.R.I. No. (of Company declared above): <i>For more information re EORI No. follow this link: https://customs.gov.mt/bus/economic-operators-registration-identification</i>	
5	Company's Full Address:	
6	Company's landline Telephone No. :	
7	E-Mail Address of contact person: <i>(It is advisable that the Account of email address given here is seen daily)</i>	
8	Which training you are requesting:	<i>(Please tick where applicable)</i> <input type="checkbox"/> EXPORT
9	Are you a current or new user:	
10	I am a Shipping/Clearing Agent:	<i>(Please answer YES or NO)</i>
11	I am an Importer:	<i>(Please answer YES or NO)</i>
12	I am an Exporter:	<i>(Please answer YES or NO)</i>
13	I can follow lectures delivered in Maltese without difficulty:	<i>(Please answer YES or NO)</i>
14	Any other remarks:	

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FULL NAME & SURNAME

SIGNATURE of Authorised Representative of Company