

REQUEST TO ATTEND FOR A 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 of Company you are representing:	
2	Company's Full Address:	
3	E.O.R.I. No. of above Company:	
4	E-Mail Address of contact person: <i>(It is advisable that the email address given here is seen daily)</i>	
5	Company's landline Telephone No. :	
6	Name & Surname of person who will attend:	
7	I.D./Passport No. of person who will attend	
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