



MINISTRY FOR TOURISM
AND CONSUMER PROTECTION

Registration Form Course Title:

NAME & SURNAME OF APPLICANT: _____

ID CARD NO: _____

DATE OF BIRTH: _____

PERSONAL ADDRESS: _____

PERSONAL TEL NO: _____

MOBILE NO: _____

PERSONAL EMAIL ADDRESS: _____

OCCUPATION / DESIGNATION: _____

COMPANY NAME: _____

COMPANY'S ADDRESS: _____

OFFICE TEL NO: _____

OFFICE EMAIL ADDRESS: _____

VAT REG NO: (Where Applicable) _____

TERMS FOR APPLICANTS:

- 1. PROVIDE A COPY OF YOUR ID CARD.**
- 2. PROVIDE A LETTER OF EMPLOYMENT PROVING THAT YOU ARE EMPLOYED IN THE TOURISM SECTOR.**
- 3. IF YOU ARE APPLYING FOR HIGHER LEVEL/ACCREDITED COURSES, KINDLY PROVIDE A COPY OF THE CERTIFICATES/TRANSCRIPTS OF YOUR PREVIOUS QUALIFICATIONS.**
- 4. THIS APPLICATION IS SUBJECT TO THE APPROVAL OF THE MALTA TOURISM AUTHORITY.**

SIGNATURE: _____

DATE OF APPLICATION _____

Kindly send your registration form to: info@maltamanagement.com

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