APPLICATION TO ATTEND FOR THE **NATIONAL IMPORT SYSTEM (N.I.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):** *For more information re EORI No. follow this link:* https://customs.gov.mt/bus/economic-operators-registration-identification	
5	**Company's Full Address:**	
6	**Company's Tel Number & Mobile:**	
7	**E-Mail Address of contact person:** *(It is advisable that the email Account address given here is accessed daily)*	
9	**Can you follow lectures delivered in Maltese without difficulty:**	*(Please tick where applicable)* ☐ *YES* ☐ *NO*
10	**Any other remarks:**	

…….. **DATE:** ……

FULL NAME & SURNAME

SIGNATURE of Authorised Representative of Company

Note: **All personal data provided on this form is protected by the provisions of the Data Protection Act and may be used for public administration purposes.**

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