



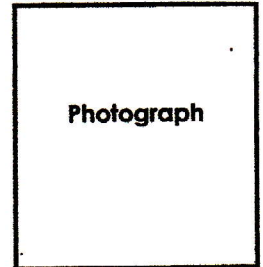
PLAYER AGENT EXAMINATION



APPLICATION FORM

Member Association: _____

1. Name : _____
2. Date of birth: _____
3. Academic Qualifications: _____
4. Current position/function in the member association: _____



5. Language/s: Spoken _____ Written _____

6. Education in Administration & Management

7. Activities as an administrator/manager during the last 4 years (domestically and abroad)

Year	Activity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Candidate

Name: _____

Date: _____

Address: _____

Contact No: _____