

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

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VOLLEYBALL ASSOCIATION OF MALDIVES



VAM/FR/2021/PC

I (Registered Coach)

Name: _____ N.ID No. _____

issues this

CREDENTIAL / PROXY FORM

To Mr/Ms: _____ N.ID No. _____

As delegate to vote on my behalf at the Coaches commission election

To be held, on 23rd April 2021

Issued on: _____

To verify please call on my mobile: _____

Signature:

Finger Print: