





VOLLEYBALL ASSOCIATION OF MALDIVES

VAM/FR/2021/PR

I (Registered Referee)

Name: ______ N.ID No._____

issues this

CREDENTIAL / PROXY FORM

To Mr/Ms: ______ N.ID No.

As delegate to vote on my behalf at the Referee's commission election

To be held, on 23rd April 2021

Issued on: _____

To verify please call on my mobile:

Signature:

Finger Print:

