



مَرْفُوعٌ بِمَدَدِ: VAM/ILN/2017/05

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VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - R4

REFEREE REGISTRATION FORM

ID NUMBER

(given by VAM)

PERSONAL INFORMATION

FULL NAME *

NATIONALITY *

PERMANENT ADDRESS

EMAIL ADDRESS

Emergency Contact

Person/Number

PHOTO *

(not older than 3 months)

REFEREEING INFORMATION

INDOOR/BEACH/BOTH

NATIONAL LEVEL Gr-A

NATIONAL LEVEL Gr-D

INT. REF. CANDIDATE

NATIONAL LEVEL Gr-C

INT. REFEREE

NATIONAL LEVEL Gr-B

OTHERS

Note: Certificates should be submitted to VAM

IDENTIFICATION

ID NO. *

PP NO. *

PP Expiry

Date *

D.O.B *

Tel No. *

Tel No.

GENDER *

M / F

REGION / ZONE

Atoll

Island

VOLLEYBALL CAREER

STARTED REFEREEING

ACHIEVEMENTS

INTERNATION CAREER

Note: REFEREE can add more details on attached sheets if necessary

BANK / ACCOUNT DETAILS

VAM only accept Bank of Maldives Accounts. If A/c is not your personal then the signature of A/c holder is necessary

ACCOUNT NAME

ACCOUNT NUMBER

SIGNATURE *

REFEREE as the Guarantor *

I agree all the information given in this form is true up to my best knowledge

NAME in Full

SIGNATURE *

FOR OFFICE USE ONLY

Entered by VAM:

Date / Time

SIGNATURE / STAMP

Note: Marked fields with * must be filled and a copy of the REFEREE's ID Card/Passport should be submitted to VAM with the form

AFFILIATED TO



1ST Floor | H.Boalhage | 2034
Abadhahufaamagu | Male'
Republic of Maldives

1^o Etage | H.Boalhage | 2034
Abadhahufaamagu | Male'
République des Maldives

Tel: +960 331 7015 | Email: info@maldivesvolleyball.mv

Fax: +960 331 4103 | Web: www.maldivesvolleyball.mv

Ministry of Human Resources, Youth & Sports



VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - R3

COACH REGISTRATION FORM

ID NUMBER

(given by VAM)

PERSONAL INFORMATION

FULL NAME *

NATIONALITY *

PERMANENT ADDRESS

EMAIL ADDRESS

Emergency Contact
Person/Number

PHOTO *

(not older than 3 months)

COACHING INFORMATION

INDOOR / BEACH

KIDS / YOUTH / SENIOR

FIVB LEVEL 1

FIVB LEVEL 3

WOMEN / MEN

NATIONAL LEVEL

FIVB LEVEL 2

OTHERS

Note: Certificates should be submitted to VAM with the form

VOLLEYBALL CAREER

STARTED COACHING

ACHIEVEMENTS

INTERNATION CAREER

Note: COACH can add more details on attached sheets if necessary

IDENTIFICATION

ID NO. *

PP NO. *

PP Expiry
Date *

D.O.B *

Tel No. *

Tel No.

GENDER *

M / F

REGION / ZONE

Atoll

Island

BANK / ACCOUNT DETAILS

VAM only accept Bank of Maldives Accounts. If A/c is not your personal then the signature of A/c holder is necessary

ACCOUNT NAME

ACCOUNT NUMBER

SIGNATURE *

COACH as the Guarantor *

I agree all the information given in this form is true up to my best knowledge

NAME in Full

SIGNATURE *

FOR OFFICE USE ONLY

Entered by VAM:

Date / Time

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