

## MIPP Application for Qualification Form

Reference Number:		Date of Qualification Meeting:	
Applicant's name and Surname:			
ID / Passport No:			
Postal Address:			
Date of Birth:			
Email Address:			
Contact Numbers:	Landline:	Mobile:	
Qualification Theme:			
Mentor's Name:			

### Qualification Type and Application Fees

LMIPP <input type="checkbox"/>	AMIPP <input type="checkbox"/>	FMIPP <input type="checkbox"/>	Reciprocal <input type="checkbox"/>
€35.00*	€45.00*	€60.00*	€35.00*

\*Cheques to be made payable to MIPP

#### Declaration:

I declare that I am the sole author of this application for qualification and that I have personally photographed and edited each part of this submission. I also grant authority to M.I.P.P to publish/display any part of this application and panel images.

Applicant Name	Applicant Signature	Application date

The MIPP Committee reserves the right to refuse any applications. Foreign and Local applicants pay same fees but, when applicable, all postage is paid by the entrant.

#### For Official Use:

Digital Images Files	Cash Payment	Cheque Payment	Name of Proxy

## Result

Pass
Fail

Signature of the MIPP President: \_\_\_\_\_